Oral Hygiene

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EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy Sterling, Promotion Manager; Elizabeth Boyle, Circulation Department Manager. DISTRICT ADVERTISING OFFICES: NEW YORK: 7 East 42d Street; S. M. Stanley, Vice Pres.-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Bidg.; LOS ANGELES: 816 West 5th Street; SAN FRANCISCO: 68 Post Street; Don Harway, Pacific Coast Manager. Copyright, 1946, Oral Hygiene, Inc. Member Controlled Circulation Audit.

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126-E

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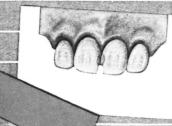
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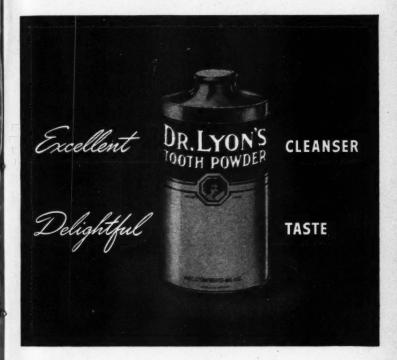
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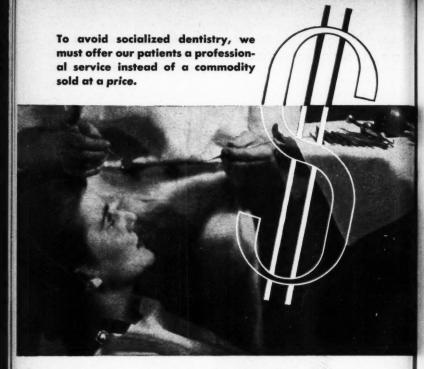
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Picture of the Month



WHEN MAJOR Jack Starman (DC) returned from overseas service with the Army Air Forces in India and Burma, he was met at a Detroit railway station by his daughter, Carol Su, aged 26 months, and her mother. This was Carol Su's first meeting with her father—she seems to be asking "Who is that man?"—Associated Press Wirephoto.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



Dentistry Throws a Curse on Itself

By GEORGE A. SWENDIMAN, D.D.S.

WHY Is dentistry threatened with socialism? Is it because the dental profession has failed the public?

Some dentists think so. On this assumption, and to facilitate serving the public, Charles L. Hyser suggests assembly-line dentistry, John Oppie McCall would delegate certain dental operations to other personnel, the Wagner-Murray-Dingell Bill would increase service by legislative act. But speedier service would not solve our basic problem, would not penetrate to the root of the evil.

Is it not the *price* system so common among dentists in every community that has dealt the profession its black eye? This price sys-

¹Weiss, Myron: Mass Production Dentistry, ORAL HYCIENE 35:226 (February) 1945.

tem is a curse that has plagued dentistry from its beginnings. Dentists always have sold materials for a price instead of offering skill, knowledge, and time for a commensurate fee. Like fruit peddlers rather than like self-respecting professional men such as physicians and lawyers, the dentists have thought price, talked price, even bargained price, with patients. Think only of operative dentistry and particularly of prosthetic dentistry—you will see this is so.

This curse of the price system compels dentists to compete with each other, causing much ill will and jealousy among them. Engendered also is an amazing amount of slipshod, superficial service, observable in the mouths of too many patients. Reputable men have estimated that less than 3 per cent of practicing dentists consistently render their patients an actually modern healthful service. The 97 per cent do not employ every aid helpful for a more accurate diagnosis.

Bargain "Shoppers"

Effects of the dental price system are both tragic and humorous. Here is an actual incident. In the capital city of a north central state, a wealthy old gentleman went "shopping" for a bargain in dental service. He got three estimates on his teeth in the morning and four in the afternoon. Estimates ranged from \$50 to \$450. Losing most of his faith in dentists, the old fellow went home—he had decided to let

his teeth rot. To me the appalling fact is that seven thorough examinations of this man's mouth could never have been completed in one day; therefore, that hit-and-miss diagnosis must be an exceedingly common practice.

Another incident: A well-to-do Dakota farmer went to three different dentists for "patch-work" in as many years. His was the prevailing notion, of course, that dentistry is like blacksmithing; therefore, only a fool will pay more when, by looking for a "bargain" dentist, he may pay less. But the inflammation in his mouth increased, his system became poisoned, his health vanished. Finally he was examined by a professional and able dentist, one who did not merely probe for cavities, one who would not quote prices, but one who did make a complete oral examination; this involved full mouth roentgenograms, bite wings, transillumination, study models, checking occlusion, pulp testing, a complete medical history. After treatment, the farmer's return to health was miraculous. He was delighted to pay the somewhat sizable professional fee for which he was billed. The droll sequel was that the farmer now protested vigorously that he "ought to have the law on them other flyby-night dentists."

Mechanical Dentistry

As these cases illustrate, most dentists are concerned more with the mechanical phase of dentistry than the biologic and pathologic phases, which explains why clinics on mechanical procedure are vastly more popular than clinics on dental diseases. Yet the biologic and pathologic phases are certainly more fundamental, more important, in the prevention and cure of oral disease, than the mechanical phase. The true science of dentistry is, in fact, based on these two phases. The truly great dentist is first a diagnostician, and only secondly a technician. And the second qualification is worthless without the first.

But the most injurious by-product of the price system curse is the low opinion it has given the public of the dentist and the dential profession. They think of dentistry as a mechanical trade, the plugging of teeth, or the filling in of spaces made by missing teeth. They think all dentists are equally good although one dentist may burt more than another.

Attitudes Toward Dentistry

Physicians and schoolteachers likewise underestimate the right-ful role of dentistry as a healing art. For example, physicians have dominance over dentists in the Army and Navy; in civilian life, too, the physicians all too frequently have nothing but patronizing advice for, and a lordly attitude toward, the dentist. Even in the matter of dental treatment the layman accepts the advice of the physician in preference to that of the dentist because the layman be-

lieves the dentist is merely a mechanic and a seller of dental materials and that the physician knows more about dental health. In this attitude the layman perhaps is justified so long as dentists still cast a curse on the profession by selling materials for a price instead of rendering dental services for a fee.

To me the teachers' attitude toward dentistry as a health profession was exemplified at the Forty-Third Annual High School Conference held at the University of North Dakota not long ago. The theme of the conference was HEALTH AND PHYSICAL FITNESS. An eminent physician spoke on "The School's Responsibility for the Nation's Physical Fitness." An associate editor of the health magazine Hygeia talked on the "School Program and the Medical Profession." Yet, to the best of my knowledge no dentist was asked to take part in the program or in any discussion. Such an omission in one small health program is not in itself particularly damaging; the point is that it is symptomatic of the general apathy prevailing toward the dentist as a health guardian.

A news item on Pre - School Health Conference reads thus: "Need of dental and medical care will be pointed out by the Conference physician assisted by the public health nurse." Now, this pertinent question arises: "Why should a physician and a nurse diagnose dental needs when a den-

tist can do this much better than either?" Obviously, the dental profession erred grievously in delegating to physicians, teachers, and nurses the teaching of dental information and care to the school child. Clearly these agencies are not adequately or specially trained to disseminate such knowledge.

Every year a certain high school in the Northwest has vocational guidance lectures for the students. sponsored by the Kiwanis Club. Among other annual speeches there has always been a vocational address on medicine. The significant thing, glaringly apparent, is that no dentists have ever been asked to give the students a talk on the profession of dentistry, nor have students ever requested such a talk. In part, this situation exists because medicine is glamourized in movies, novels, and on the radio, while dentistry is ignored. But a deeper cause is the low esteem students have toward everything and everyone connected with the "trade" of dentistry.

Dentistry and Public Health

All this indicates the fact that organized dentistry is losing its grip on those dental matters affecting the public health. What then is our immediate task? It is to impress the layman, the teacher, the physician, and the youth of the Nation with the extreme importance of dentistry to our national health. How can we do this? We must use speech opportunities, write articles, send out appropri-

ate literature, and explain clearly to each patient the high health mission of our profession. And, even more important, we must set up a standard of dental health service which is worthy of us and which will force the price system, the dental advertiser and quack out of business.

The rendering of poor dental service by altogether too many dentists, particularly during the recent war years, has stimulated the disappointed patient's desire for some form of socialized dentistry. He has become impatient with the whole dental profession. Outlawing the advertisers did not outlaw poor dentistry; they still advertise, not openly of course via price quotations in newspapers, but in other ways. The open advertiser was at least easily recognized by the informed public as a charlatan, but today's charlatan advertises his prices covertly and goes undetected. He is still competing in price with the ethical dentist. The moral is: Good dentistry cannot be legislated.

If we are to retain our entity as a noble profession, if we are to ward off the regimentation reforms that seek to dismember and engulf us, it is imperative that we first become real professional men. Each of us practicing in his own office must eliminate the curse of the *price* system. Each of us must make clear to our clientele and to the Nation that we dentists are not jewelry clerks who sell little gold

(Continued on page 805)



Are you preparing to adjust your practice and financial status to coming economic changes?

Many of us can still remember the rocket-propelled zoom that lifted us into a boom period soon after World War I. With no official control of prices, the cost of labor and material rose sharply, life was budgeted, and before we were able to adjust ourselves, the crash came and we found ourselves in the depths of a depression. I attended the Chicago Midwinter Meetings

of the middle 1930's and was deeply and sadly impressed by the attendance of a large number of white-haired dentists, men who had retired several years before and had been living on the income from their investments. The crash had wiped away their holdings and now they were attending dental meetings in an effort to learn the latest ideas in techniques and mate-

rials so that they could resume practice. During and since the conclusion of World War II official attempts have been made to avoid conditions such as developed after 1918, yet by an unnoticeable, peristaltic process we are in a definite inflationary period.

A conservative estimate, based on the views expressed during the last year by economists and investment advisory services, is that by 1950 the inflationary period will have spent itself, oozing out as gradually as it came. How should the dentist make adjustments to accommodate himself to the coming economic changes without extreme financial losses? At present, judging from all reports, the profession is "making hay," not because the Office of Price Administration does not control its prices, but by means of hard work, handling more patients, practicing longer hours. The physical strain is obviously telling on some. Dentists are beginning to admit that they "can't take it." It would be unfortunate to lose the harvest, accumulated the hard way, in a depression. The time is now for the dentist to take inventory of his holdings, of his ability to continue on at the same pace, and of how to ride the storm when it comes.

To sacrifice one's health for additional income is self-destructive and inexcusable. Let us see what can be done about maintaining and retaining one's investment portfolio. If the home is mortgaged, spare funds should be used to pay

off the indebtedness. Mortgage brokers are reputed to have "no souls to be damned and no bodies to be thrashed." Should the day come when your income does not warrant the usual payment on your home, do not expect the holder of the mortgage to listen to your plea for deferment.

Insurance Program

Your insurance dealings should be with a man who is capable and honest. Let him revise your portfolio now to cover all reasonable contingencies. If your practice is good, assume more insurance to protect your family, your real and personal property. Consider liability in case of accident in your office, home, or automobile. If you are considered prosperous, your liability increases in the eyes of the average jury. Protect yourself. but do not overburden yourself. Let your insurance program be flexible so that, if your practice drops off in a few years from now, you can still meet the premium requirements without suffering too much loss.

If your investments include stocks and bonds, do not assume that because they have appreciated recently, you are "sitting pretty." Whoever says "buy at the bottom and sell at the top" is a cynic; he knows better than to squeeze the last penny of profit out of an investment. You have loaned your money to a company without the right to demand redress if you suffer a loss. Ask your broker for a re-

port on the company's management and study it well. Management failure has been the cause of many dissolutions in business despite excellent products. When the depression is felt to be approaching, part or all of one's paper securities should be converted into cash and, when it really comes, the man in a cash position can take advantage of many prevailing investment opportunities.

In the near future the dentist should make a careful analysis of his practice, including his location, his patients, as well as a scrutiny of his ability. Dealing with a warrich practice may make such a procedure seem superfluous. The public is awaiting the opportunity to acquire new automobiles, radios, washing machines, refrigerators, as soon as they are available. Everything, including dentistry, will be bought on the budget plan. When the day comes that a \$50a-week salary cannot possibly be made to cover twelve \$5 weekly payments on all the new acquisitions, and the radio goes back and the refrigerator goes back, where will the dentist stand? He cannot take his dentures back, his bridges remain in situ, and all he holds is the proverbial bag.

Cash Patients

Within the coming year or two the dentist should gradually place his practice on a cash basis, weeding out those who will not pay cash for their service. The operation is a delicate one and calls for the use of discretion. Patients who would choose the most expensive dentistry, only because it is available on the installment plan, can be convinced that a less expensive operative and prosthetic procedure will satisfy their needs. The patient's mouth can be rehabilitated properly without the account having to be carried on the dentist's books. The petite blonde with the missing upper laterals and centrals who wants the same all-porcelain and platinum bridge from cuspid to cuspid that some "movie" star is reputed to be wearing, but cannot afford more than \$2 from her weekly pay envelope, should be convinced that she is destined to wear a different prosthesis that will meet fully her requirements and be within her means. Instead of griping about his hard luck during the coming depression, the dentist should plan on being able to keep himself fully occupied with service that will maintain his patients' dental armamentaria in good condition without the necessity of extending credit. months after service is completed, patients should receive a card from the dentist reminding them that it is time for a re-examination and that properly timed checkups can obviate extensive and expensive treatment. The patient may need no more than a prophylaxis and small restorations here and there. He will be happy to know that his dental condition is good and the bill reasonable. The dentist will be occupied with a moderate practice, operating reasonable hours, and conducting his business on a cash basis.

Should he have time to spare, the dentist should either treat himself and his family to a well-deserved vacation or combine business with recreation and take some postgraduate course in another city. By that time hotels will have accommodations and prices will be down. The dollar that he acquired during the boom will have a better buying power, some compensation for the superpower he had to exert in "sweating" for it.

Your Location

'Some men are located in an area that is almost entirely dependent on one factory or one industry, or in a one-crop farming section. During a period of prosperity the people who are supported directly or indirectly by such a mono-occupational economy usually have enough funds to spend on the best of everything, including dentistry; but during a depression they are the worst sufferers. The dentist's economic status in such areas us-

ually parallels that of his patients. It would be timely for men who are so situated, and are considering a change, to look around for another location in a section that is more heterogeneous. A mixed neighborhood composed of mechanics, laborers, white-collar workers, small businessmen, and teachers is less likely to be disintegrated during an economic depression.

The present is the time for the dentist to look beyond the boom. It does not require the highly specialized training of a professional economist nor the hit-andmiss method of the crystal gazer. An occasional deduction from conditions as we find them, a little reading of material other than dental literature, and an intelligent listening to ideas expressed by people in other businesses will help us to see further than the near horizon. Even in a depression we can live satisfactorily, happily, and usefully, if our mode of living is sensibly organized.

4939 Bernard Street Chicago 25

DENTISTRY THROWS A CURSE ON ITSELF

(Continued from page 801)

and silver ornaments to adorn the mouth, with price tags on all our ornaments—neither are we plumbers, to be paid so much per clock-hour. We must make clear that we are physicians specializing not, it happens, in ears or nose but in teeth; that with our time, skill, and specialized knowledge we render a

truly professional service. For this service we must charge a commensurate professional fee. This much we owe to dentistry, to ourselves, to our colleagues, and, most of all, to the young men who will follow in our footsteps.

First National Bank Building Grand Forks, North Dakota Cleveland Dental Society builds interest in dental health by broadcasting its annual Children's Day Meeting.





Left to right: Harvey C. Janke, A. F. Sadd, Sterling V. Mead, Ralph E. Creig, Leon E. Newman.



DENTISTRY IS ON THE AIR!

By HARVEY C. JANKE, D.D.S.*

"Good afternoon, Mr. and Mrs. America. Today the National Broadcasting Company takes you to the Hotel Carter in Cleveland, Ohio, and brings you a special program in conjunction with the Cleveland Dental Society's Sixth Annual Children's Dental Health Day Meeting. Gathered here in the beautiful Rainbow Room of the Hotel are hundreds of dentists with

their wives and assistants, along with many civic leaders. They have just listened to Doctor James Roy Blayney, of Chicago, address them on the subject, PREVENTIVE DENTISTRY, YOUR RESPONSIBILITY AND MINE. It was a fine address, well received.

"Thirty-seven years ago, a Cleveland dentist, Doctor W. B. Eber-"Chairman of Cleveland Children's Dental Health Day. sole, pioneered a dental program for children in the Marion School that has become almost a national institution. So great was the success of that project, so widespread the benefits, that each year American dentistry pays tribute to the Cleveland program. Today, we bring you Doctor Sterling V. Mead, of Washington, D. C., President-elect of the American Dental Association: and Doctor Newman. President of the Cleveland Dental Society; and Doctor Janke, General Chairman of this meeting, who will discuss problems of dental health confronting our Nation. Doctor Mead will begin the discussion."

That was only the announcer's introduction to a fifteen-minute broadcast to the Nation. As the years roll by, you will hear more and more about the Cleveland meetings and their programs on children's dentistry. Organized dentistry is in support of and wholeheartedly advocates these programs; nevertheless, their development across the Nation has been slow. There are many reasons for this, perhaps too numerous to discuss. But let us disclose positive, growing program, which does attract national attention even to the extent of obtaining national radio time.

Program for Children

First of all, the Cleveland Dental Society has an objective program which provides for continued growth. It is a program of education and prevention. Second, it is a program which contributes to the betterment of the community. It is a program which has a deep interest in our youthful citizens and follows the dictates of the Master, who said, "Suffer the little children to come unto me and forbid them not." Third, the Dental Society is cooperating with the community in raising the health standards of all its citizens. Of course, there are many paths to follow, numerous detours and hurdles, but success is inevitable because dentistry is working hand in hand with the community for the better oral health of all.

Six years ago there were only a few men who rallied around Doctor Norman H. Denner, the President of the Cleveland Dental Society, for the first full-day program devoted to children's dentistry. Now the Cleveland Meeting attracts leaders in this phase of practice from all over the Nation as well as the majority of the local men. In addition, there is a deep interest on the part of child welfare agencies, child guidance groups, and educators, in our meetings. This is as it should be for we all realize that these accomplishments can only be attained when all who guide the child are of the same mind. This includes the parent, the child, and the dentist.

The astounding growth of both the professional meeting and the program for patients attests to the interest this community has in its future citizens. This year the theme was EDUCATION AND PREVENTION MEAN HEALTHIER AND HAPPIER CHILDREN. With the assistance of the school boards, principals and art teachers, over three hundred posters were entered in the contest designed to make the child health conscious. A program at Cleveland's Health Museum attracted over eight hundred laymen. They were privileged to observe demonstration table clinics on the preventive practices conducted by the profession. This program for patients is comparatively new in Cleveland but it is rapidly becoming the main attraction.

Community Cooperation

The Cleveland Dental Society is greatly indebted to the many agencies and groups who cooperate in promoting its programs. Special commendation should be given to the educators, the newspapers, and the radio. This year, in the midst of a newspaper strike, there was no advance publicity but the wholehearted cooperation of the four local radio stations kept the meeting right out in front. The valuable information and the vital program that the Cleveland Society offers its community enables

it to gain the cooperation of the radio stations and to utilize the time offered. Radio recognizes the value and importance of these unselfish educational programs for their listeners.

So, Mr. and Mrs. America, tune into your local stations, for in the future you will hear more about programs for your health and happiness. You will hear more about what your dentist and his association are doing for the betterment of your community and its youthful citizens. You will hear more about those problems which concluded the broadcast of Cleveland's Sixth Annual Children's Dental Health Day. They are your problems!

Dentistry will not be found wanting if dentists will remember those words of the poet Goethe: "Little can be accomplished for the grownup; the intelligent man begins with the child."

Build a children's program in your community!

Boost the American Dental Association's Program of Dental Health for the American people and let's put more dentistry on the air!

793 East 152nd Street Cleveland

THE COVER

ORAL HYGIENE'S cover for May is dedicated to child health as usual. The kodachrome was taken by Homer Sterling, staff photographer, and the model is again Gail Charlotte Ketterer, now five years old, who posed for the cover photograph last May.



So You Know Something About Dentistry!



QUIZ XX

True or false? The buccinator branch of the mandibular nerve is responsible for motor impulses to the buccal investing tissues of the lower jaw. 2. Is there any calcification of the permanent teeth before birth? Arrange these metals in their proper order with relationship to malleability: tin, platinum, gold, silver, copper, and aluminum. 4. Which are radiopaque in the roentgenogram? (a) torus palatinus, (b) mental foramen, (c) genial tubercles, (d) torus mandibularis. 5. In single-rooted teeth, are the permanent tooth germs located lingually or labially from the roots of the deciduous teeth?..... 6. Should an abnormal labial frenum accompanying a diastema between the maxillary centrals be surgically treated before the cuspids have erupted? 7. Which is out of place? (a) periodontoclasia, (b) pyorrhea alveolaris, (c) actinomycosis, (d) parodontosis, (e) Rigg's disease. & Does diabetes have any oral manifestations? 9. Is it true that many people all over the world regard the loss of a tooth or teeth in a dream as a prophecy of the impending death of a Name four antipyretics.

FOR CORRECT ANSWERS SEE PAGE 826

EXAMINATION ...

PROPHYLAXIS ...

The Dental Provisions of the Wagner Health Bill

EXTRACTION ...

TREATMENT ...

Advocate of national health plan explains dental benefits of Wagner - Murray - Dingell Bill.

THERE HAS been much discussion and condemnation of the Wagner-Murray-Dingell Bill in the dental profession. Its provisions have been published in summarized form but not interpreted. Because of that the dental provisions are not well understood, either as to benefits immediately available or as to intent for the future. Administrative provisions also are not understood. Dentists should know these things and form their opinions on the basis of facts, not misconceptions.

By JOHN OPPIE McCALL, D.D.S.

Dentists, in reacting to the first Wagner bill, resented the omission of dental benefits and rightly called attention to the fact that, under that bill, physicians could be paid from the insurance fund for extracting teeth and performing other oral surgical operations. Now that dentistry has been included in the bill, the profession is not so sure it likes what it sees. Comments are divided between urging, on the part of the Council on Dental Health of the American Dental Association, that dentists study these provisions and decide whether they are good or not, in the meantime offering no official opinion; and criticisms that the dental provisions do not go far enough.

I have studied the bill carefully and have discussed the dental provisions with some of those who have first-hand knowledge of the intent of the dental clauses, and accordingly offer the following comments:

First, as to dentistry's place in the bill: Wherever medical services and physicians are mentioned, dental services and dentists are included; this applies also to nursing services and nurses.

Administration is to be regional or local to a considerable extent. Local area committees are to be appointed to aid in the administration of the act and their membership will include "medical and other professional representatives" and representatives of the public. Dentistry is to be consulted also in the selection of the sixteen members of the National Advisory Medical Policy Council, with the same provision that membership shall include "medical and other professional representatives" and public representatives. The bill also provides for technical subcommittees and commissions under the Council, and it is expected there will be a dental group active in this capacity.

Dental Benefits

Title II is the section dealing with prepaid personal health service benefits. Section 210 of this title is headed LIMITATIONS OF BENEFITS. This has a somewhat sinister sound, especially when it is found that the dental benefits

are enumerated in a subdivision of this section. Actually, the primary purpose of the section is to prevent abuses of entitlement to the benefits offered under Title II, and to make sure that the bill does not promise more in services than actually can be furnished. Dental benefits are enumerated under this general section because insufficient dental manpower forces a limitation on the amount of dental service that can be promised to beneficiaries. Subsection (b) of Section 210 reads as follows (italics mine):

The Surgeon General, having regard for the adequacy of available personnel, may, after consultation with the Advisory Council and with the approval of the Administrator, determine for any calendar year or part thereof that general dental, special dental, or home-nursing benefit shall have such restricted content as the Surgeon General may determine: Provided, that on and after July 1, 1947, the restricted content of general dental or special dental benefit shall include at least (1) examination (including x-ray survey) and diagnosis; (2) prophylaxis; (3) extraction of teeth which are considered by the dentist and an attending physician to be or likely to be injurious to the general health of the individual; and (4) treatment of acute diseases of the teeth, their supporting structures, and adjacent parts, including fractures of the teeth or jaws. With respect to general dental or special dental benefit, such determination may fix an age *above* which the restriction on content shall apply.

Shortage of Dentists

It is conceded by all who have studied the problem that there are not enough dentists available, including those now in the Army and Navy Reserve Corps, to give a complete dental health service to the entire population of the country. (On the other hand it is claimed by medical men that there are enough physicians to give all necessary health services.) Limitations must be set until manpower is available in sufficient numbers or until the size of the job is reduced by institution of preventive measures. This is the reason for inclusion of the phrase "having regard for the adequacy of available personnel."

There is no desire to limit dental services to "blood and vulcanite." Note that dental benefit "shall include at least (1) examination. . . ." The services enumerated are those regarded as basic, although admittedly not complete, in a program designed to provide health care for the individual patient. It is fully expected that additional dental services will be included in time. There is the necessity for limitation enforced by inadequacy in numbers of dentists.

"Attending Physician"

There has been criticism of the provision that extractions of teeth

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to be performed as benefits under the act will be limited to those "considered . . . to be or likely to be injurious to the health of the individual" and that the attending physician must concur in that diagnosis. The reason for this restriction is, in part, fear that if extractions in general were authorized without possibility of providing subsequent restorations, dentists might extract teeth which actually could be restored or otherwise put in a healthy condition. Also there is fear on the part of many laymen that dentists, unless under some restraint, might advise unnecessary extractions for which they would be paid under the act, the patient then finding himself in need of dentures for which he himself would have to pay. Despite the groundlessness of these fears they do exist. The concurrence of the physician in the recommendation for extraction would relieve the dentist of any onus of that kind. It can be said that extension of extraction services to include those advised by the dentist and requiring no medical concurrence will be made when the reparative and restorative services can be included.

The basis of the whole of Title II is the protection of the health of those entitled to the benefits. While all of dentistry is included in health care, especially on the preventive side, the removal of infected teeth is the particular dental service that most intimately and immediately may influence

general health. Here is the place for the most frequent meeting of physician and dentist and frequent meetings in that area may do much to bring the two professions into a closer relationship.

Age Limitation

The last sentence of Section 210 (b) is not intended to set up an older age group to which dental service would be restricted, as one critic has claimed. Quite the reverse. The intent is to give a really comprehensive dental service to children (dependents of the insured are entitled to health service). This service would be restricted above some age to be agreed upon. But within the stated age limit the dental service would not fall below a minimum of kinds of services to be specified as requisite for the child's dental and general health. Again, the age limitation would depend entirely on availability of dental personnel to give the service. It is the intent to advance that age as rapidly as conditions permit; the bill says "Any restriction on the content of general dental, special dental or home-nursing benefit shall be reduced or withdrawn as rapidly as the Surgeon General finds practical."

Provision is made for dental service by specialists where indicated and the compensation for specialist's service will be commensurate with the requirements of that service.

(Continued on page 817)



MY PURPOSE in this discussion is to awaken dentists to the dangers of the Hyser-McCall Amendments to S.1099¹ and to arouse them to write Senator Claude Pepper and his Committee to disregard them as they are inimical to the best interests of the public and dentistry. What Doctor Ryan said in 1931 about Owre's "level-technician" scheme then proposed fits the present situation perfectly:

By ALFRED J. ASGIS,

D.D.S., Ph.D.

McCall, J. O.: Suggested Amendments for Bill S.1099, Senate Report on S.190 and S.1099, pp. 138-141 (June) 1945.

American Dentistry.

"The purpose of this writing is to acquaint the dentists of the country with certain tendencies which, if let develop, will grow into an enormous juggernaut to crush the economic lives of American dentists, the high standards of dentistry, and the public health. . . . Times of emergency are not occasions for soft speaking or soft stepping.

"Under the harmless enough appearing subtitle in the Columbia report EDUCATION ON VARYING LEVELS is contained the potential high explosive that could easily blow the present high standard of dental service to bits . . .

"... The factory system to come into dentistry will bring the dawn of a dismal day, the debauchery of the profession and the public."²

A million dollars from a private source for a Hyser-McCall clinic is one thing. A million dollars from government funds for "assembly-line" dental clinics, spread throughout the country, is quite another matter. The time for debate is over. Action to stop this propaganda and such legislation to undermine dentistry is imperative now!

Can you imagine what will happen to your dental practice after the revamped Owre "level-technician" clinics, backed by millions of dollars from private or public funds, are let loose on the public? Dentists everywhere must be on the alert now.

In the July, 1943, issue of the New York Journal of Dentistry, I pointed out the destructive nature of the Hyser scheme.³ What I said then about Doctor Hyser's proposals applies with equal force to Doctor McCall's scheme, as well as to the joint Hyser-McCall project. It is neither group practice nor a wider distribution plan, as its advocates claim. It will improve neither dental education nor dental research. Because this setup

would permit unqualified persons—persons without a dental degree—to practice prosthetic and operative dentistry, it must be considered legalized dental quackery. Such persons will give the people, especially labor, low quality dentistry. Don't permit it.

Dental Mechanics

A review of Doctor Hyser's "theory," on which the "validity" of his proposal is made to rest, will indeed "clarify" its basic errors. As made public in 1942, and presented again before the Pepper Committee in 1945, but stripped of irrelevant verbiage, Doctor Hyser's idea is to take care of "large numbers of patients in a short time by having a large number of dental mechanics work under the supervision of a limited number of broadly and profoundly trained dentists." This widely advertised 1942 dental nightmare was again incorporated in the 1945 scheme.

The Hyser-McCall idea of permitting dental mechanics without a D.D.S. degree to practice dentistry was not defended before the open Senate hearings in June, 1945. Is it possible that Doctor Hyser's so-called "theory" could not stand the critical test of a public hearing before the Senate Committee? Are we to assume that Doctor Hyser did not dare defend before experts his thesis to allow laboratory mechanics to practice intra-oral dentistry?

That Doctor Hyser's 1942 proposal was in reality a "level-tech-

²Ryan. E. J.: The Reformer's Complex Comes to Dent'stry. Oaal. Hyctrex 21:69 (January) 1931. ²Asgis, A. J.: Action on a Minimum Dental Program Needed Now, N.Y.J.D. 13:236 (June-July) 1943.

nician" idea had to be proved. One had to see through the Hyser scheme. But there seemed to be no such need in the case of Doctor McCall. Reading Doctor McCall's January, 1944, paper in the Journal of the American Dental Association,4 it was quite obvious that he suggested a replica of the Owre "level-technician" scheme. modernized dress with which Doctor McCall adorned his project has unfortunately misled the uninitiated and obscured what was once obvious. Hence, the persistent confusion which may now lead to dangerous dental-social legislation.

It is important to us now to focus attention on the basic issue: that is, shall we permit laboratory technicians, now or in the future, to practice dentistry? Dentistry must not be dismembered at any time. There is only one way to be especially and adequately trained for any and all phases of dentistry and that is the way all dentists in America obtain their dental education. There must be no backdoor dentistry! No miracle of supervision of dental laboratory technicians and hygienists will make them perform good intra-oral dentistry. It just can't be done.

Everyone should be given an opportunity to express his ideas and beliefs, if we wish to maintain democracy in practice. This imposes a moral obligation on the proponents of the Hyser-McCall version of the "level-technician"

⁴McCall, J. O.: Dental Practice and Dental Education in the Future, J.A.D.A. 31:16 (January) 1944.

scheme to state their case in no mistaken terms. Modifications, expressed or implied since 1942, have no bearing on the principle involved. The supporters of the Hyser-McCall scheme have not repudiated publicly their concept of the dismemberment of dentistry.

Shortage of Personnel

The Amendments propose that the Surgeon General "shall recommend and approve appropriate measures" to provide dental care for all, bearing in mind, it is pointed out, the shortage of dentist manpower. Second, the law should not only cover everything provided for in the original S.1099, but it should arrange for "the utilization of properly trained auxiliary personnel."

The shortage of dentists has been worked and overworked for so long that the proponents of "dismemberment dentistry" now point to the Hyser-McCall Amendments as the only way in which the American Dental Association can put into effect the provisions of its sponsored bill, S.1099. Since under a new and expanded "system of health care distribution" an increased demand for dental services is likely to result, how can these services be supplied with a shortage of dental manpower? Their answer is that the law (S.1099) should provide for the utilization of "properly trained" auxiliary personnel. License mechanics, hygienists, and others, to practice certain fractioned portions of dentistry and, they insist, the problem of manpower is solved.

This challenge to the unity of dentistry, undermining the professional, economic, and social status of the profession, remains unanswered by official representatives of organized dentistry in America in the 1945 Pepper Report on S.190 and S.1099. This is a sad commentary on dental leadership. What the enemies of public dental could accomplish health not through regular legislative channels in 1930 and later on they now hope to achieve through the avenues of social health legisla-

Since the American Dental Association has not presented to the Pepper hearings a direct statement opposing the Hyser-McCall Amendments to S.1099, neither the Pepper Committee nor dentists, who are now asked to write this Committee in support of the American Dental Association's bills, are in a position to determine what action to take with regard to them. Senator Pepper has no way of knowing whether to include or exclude these Amendments unless the dental profession makes its position clear now, before this legislation is reframed and new legislation drafted.

Support the American Dental Association sponsored bills S.190 and S.1099 but do not create a Hyser-McCall Frankenstein.

7 East 42nd Street New York 17

THE DENTAL PROVISIONS OF THE WAGNER HEALTH BILL

(Continued from page 813)

It is stated that methods of administration including methods of making payments to practitioners shall insure efficient care, promote personal relationships between practitioner and patient, and provide incentives for professional advancement. Every possible precaution will be taken to insure the quality of the services performed.

Regardless of opinion on some

of the other aspects of S.1606 I think it will be found, on impartial analysis, that the dental provisions go as far as possible under present conditions of limited manpower, and that there is also ample provision for expansion of dental services as the dental manpower situation improves.

422 East 72nd Street New York 21

ORAL HYGIENE AWARD

This Month's \$100 Oral Hygiene award has been won by George A. Swendiman, D.D.S., for his article Dentistry Throws a Curse on ITSELF.



This reception room has been furnished and decorated for the enjoyment of children.

DESIGNED FOR CHILDREN

By LENELLE MARSH KANTHACK

Modern dentists have come a long way from their predecessors. But with all their progress, as in any other profession or business, there are always a few who have gone a little further than the rest. Let's look at one such dentist. He is interested in children and at some future date expects to specialize in their treatment.

While musing over his plans for the future, he looked critically at his dental office, trying to see it through the eyes of a child. What he saw was not interesting. Of course he would have to have a reception room for adults, but why not have another one especially planned for children, he thought. This is the way his office looks today.

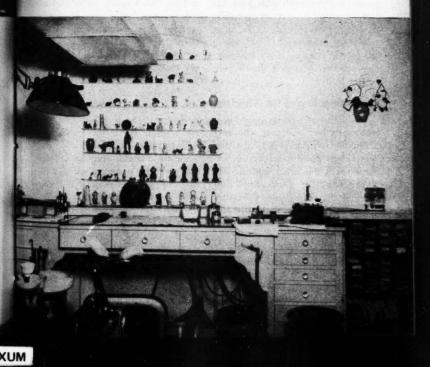
The children's reception room has cream-colored walls. It is furnished with an attractive rug and several tan, medium-height, wicker chairs, a yellow and blue enam-

A dentist plans his office for the child-patient.

eled straight chair, and a small vellow rocker. A large blue Covarrubias map, showing the products of each section of the United States, hangs on one wall. In looking at it closely we see California with its redwood forests, oranges, and grapefruit; the Midwest with its corn, cattle, and hogs; New York with its fashion-plate girl; and the South with its longhorns, cotton, and pickaninnies, Under the map on a small table stands a reading lamp on whose base is a small wooden statue of a boy and girl. In the base at the rear is a music box that plays whenever two bright eyes discover the knob and a small hand turns it on. The lamp shade is attractive in tan with large musical notes scattered about unevenly. On the adjoining wall are two dainty Hummel reproductions of children, in plastilace frames, done by the well-known Sister of Charity of Germany who is now a refugee.

In the corner on the opposite side of the room is a four-shelf open cupboard containing games, color books, clay, jackstraws, crayons, paints, and puzzles of all

The child-patient's attention is held during treatment by the colorful variety of figurines which he sees from the dental chair.



kinds. On the top of it is a large globe of the world. Comic magazines and others, as well as a large, beautifully illustrated book starring Johnny Toothbrush, placed invitingly about the room. A brightly colored picture of a lavatory holds our attention for several minutes. It is as if a bar of soap, toothbrush, paste, and comb had turned into mischievous boys for a time. In the bubbly-water a bar of soap on its back throws gangling arms and legs about excitedly. A comb tugs at the faucet trying to turn on the water. If it succeeds, the toothbrush lying on its back holding on underneath the faucet will be splashed on and possibly forced into the pool below. Standing on one side is a tube of tooth paste holding its nose ready for a dive. A hand brush sits on the edge as if trying to decide whether or not it should join in the fun.

Operating Room for Children

While this reception room interests every boy and girl who sees it, this is by no means all that the dentist has done to carry out his plans for a modern, child-interest office. The first thing the child sees as he enters the operating room is tiny figurines, literally dozens of them, all colors and shapes. They are housed on the wall in a large, arched niche. Vases, animals, pets, children, and tiny carts filled with produce of various kinds, all have a place on the glass shelves. Among the col-

lection are a Dutch boy and girl.
A young patient with relatives in
Holland had them send a pair of
tiny wooden shoes to add to the
collection.

If there is something on the shelves a child earnestly desires. he can arrange a trade by bringing something to replace it. On the lower shelf stands a group of figures of more sturdy design than the others. They are Snow White and the Seven Dwarfs. On a child's first visit he is given an unpainted plaster of Paris figure which he takes home to paint, any color to his liking, and brings back to add to the collection. The dentist uses a rubber mould to make his own models. This niche with its varicolored figurines is an interesting spot to face and holds the attention of the children as the dentist treats them. On each side of this. ivy trails gracefully from a small vase held up by a wire wall bracket. Elsewhere around the room are vases of fresh flowers.

Running the length of the wall space under the niche is a cabinet with cupboards on each side and a movable center shelf that slides out over the patient's lap and insures the greatest possible convenience in operating. In a drawer to the left are small colored water glasses which replace the usual plain ones. In the cupboard to the right are several dozen cardboard spool boxes, containing a tooth-brush and liquid dentrifice. A label sticker, with the name of the child, is on the front end of each box.

Adjoining this cupboard is a small lavatory and mirror, the size and height for the child to use comfortably. It is here he receives instruction from the dentist or his assistant on the proper way to brush his teeth, for actual demonstration insures a lasting impression.

When orthodontia treatment is commenced, the child is weighed on a junior-size scale, height taken, and a case-history card filled out. There is a special photography room where colored pictures, as well as black and white ones, are taken of the child as he appears before and as the treatment progresses. The pictures which can be viewed in a view-box or thrown on a screen show the personality of the child in detail. These pictures are also kept in the patient's file for reference.

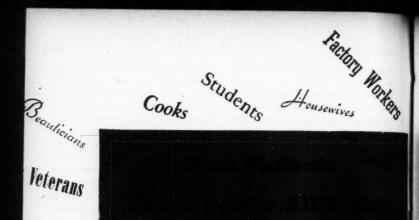
We have gone the entire length of the office and are now at the back door. Here is the outdoor waiting room. An orange and brown-striped garden swing, table, chairs, garden books and magazines invite you to come and sit among the flowers the year round. You walk down cement steps flanked by terraced lawn and shrubs, passing the birdbath on which are perched two porcelain birds. Here on warm days a cool drink is often served in mid-afternoon when relaxation is deserved by both the patient and dentist. With such an outlay as this to make the child feel at ease, it is small wonder that this dentist is popular with children as well as adults.

907 East Harvard Road Burbank, California

UNIVERSITY OF ILLINOIS DENTAL SCHOOL RECEIVES \$50,000 GRANT

To AID in setting up a three-year program of postgraduate training for dentists, primarily those returning from military service, the University of Illinois College of Dentistry received a \$50,000 grant from the W. K. Kellogg Foundation of Battle Creek, Michigan, according to an announcement made by Doctor Allan G. Brodie, Acting Dean of the College.

A series of three-month general postgraduate courses covering the entire field of clinical and pre-clinical dentistry and significant advances of recent years were started on May first at the College of Dentistry located on the University's Chicago campus. Provision is being made for those who complete the general course to continue in one of the dental specialties if they so desire. The G. I. Bill of Rights will adequately cover the fees for veterans enrolling in the courses.



Salesmen

Tailors

Laborers

By BETH DUNHAM RYAN

THIS ARTICLE is based on an actual survey. People who are your dental patients, and who belong to various economic, educational, and social classes, were interviewed. Ouestions were asked of women in their homes, university students, men and women in shops, cooks, laborers, tailors, beauticians, salesmen, and veterans returning from Service. I wanted to find out how they individually felt about dental practice, what their attitude was toward their dental experience, and how it could be made more pleasant and helpful to them, and easier for their dentists. This article is

Your patients demand a personalized service at the dental chair if you are to develop a successful practice in dentistry.

for the benefit of every dentist, to tell him what his patients think, how he can help them, and why they feel as they do.

Patients' Attitudes

In contrast to the familiar characterization of dental patients as terrified sufferers, the patients of today, enlightened as to the necesity for dental care, are emotionally calm, rather than sick with apprehension, when faced with a dental appointment. This favorable attitude is largely replacing the much repeated, "I hate to go to the dentist." The results of this current survey show that 57 per cent of the persons questioned as to their

attitude toward dentistry were not emotionally unstrung by dental treatment, 25 per cent were actively afraid of the necessity for dental care, while 18 per cent looked forward in a pleasant frame of mind to their appointments. This 18 per cent was comprised of persons who were by no means masochistic, for they attributed their feeling to friendship with their dentists. This group was made up entirely of persons who were dental patients, having regular appointments every six months. In addition to liking their dentist personally, they said that his desire to spare them pain, and his preoccupation with their difficulties and wishes, made them feel that what had been a dreaded duty had become a pleasant health measure.

The concern of the modern dentist has been to improve his service and to inflict as little pain as possible. This attitude has paid great dividends. Seventy-three per cent of those who are economically in a position to have proper dental care visit their dentist regularly to be sure that they are not neglecting their teeth. Even patients who still fear their dental appointments realize the importance of adequate care and conscientiously subscribe to regular dental care. If dentists were to explain to their patients what must be done and why it is necessary, they would help to alleviate their patients' fear. For this fear is primarily caused by apprehension and dread of future pain. This nervous expectancy is often not based on facts, but becomes so interrelated in the patient's mind with the dental idea that it is often impossible to separate the two.

The Dentist's Part

It is the dentist's role to lessen this fear by making the dental procedures better understood. If he can accomplish this he will have a more relaxed and cooperative patient. The part of the dentist in this conquest of fear must not be minimized. Even patients who have an "It-doesn't-bother-me" attitude toward dental visits can be helped by their dentist to reach a more positive understanding of their dental needs. This mental help must, of necessity, be individual, and this is what the patient wants.

In common, however, the patients questioned want some definite things. They want to know what dentifrices and toothbrushes their dentist would advise for their particular needs. The patients do not want their dentist to "plug" any particular brand, for they are inclined to follow their own tastes in this selection; but they want to know if they should use paste, powder, or liquid; and if there are any superior kinds. This also applies to the selection of a toothbrush: they would like to be instructed in what to look for and request when buying. More than three-quarters said that they had never received any advice, and of these the great majority said that they would like to know what they should be using to suit their individual needs. Patients are receptive to dentists' prescribing!

The patients also expressed the desire to be told specifically, by their dentists, what is wrong with their teeth and what the treatment must be. If they are to realize the importance and necessity of dental care, the dentist must provide them with a lay understanding of the treatment that is required. This will prevent ignorant apprehension and will cause them to respect their dentist in his desire and efforts to help them. If this is achieved, the rapport between patient and dentist will be established on the basis of understanding and mutual respect, and the dentist will be freed from the limitations placed on him by the patients' fear. Ignorance of dental practice has caused a great many misunderstandings. One woman thought her teeth were turning blue because they were cleaned too often. She said that her dentist cleaned them frequently in order to make large fees. Another misconception of dental practice was held by a man who staved away from his dentist because he thought that the dentist would treat him whether there was anything wrong or not. Fortunately these reactions are the exceptions rather than the rule.

Power of Advertising

In dealing with his patients the dentist must not underestimate the power that advertisements exercise. Slogans about brushing your teeth and visiting your dentist have a great effect on public consciousness. Because of advertising slogans the public is aware, but still confused, as to what constitutes adequate care and treatment. The most widely advertised brands of dentifrices were correspondingly the most widely used. Thirty-one per cent of the patients questioned used the most heavily advertised kind of toothbrush, and the other toothbrushes decreased in use in proportion to the scope of their advertising.

Ninety-nine per cent of those potential and actual dental patients believed that proper dental care was essential to general good health. However, there were few of those, who accepted this as a general rule, who understood, specifically, the relation between the two. They did not realize the difference between fairly simple dental decay and deep-seated infec-Some people wondered whether it was right to remove teeth to control arthritis or rheumatism, and on this the pros and cons were evenly divided. Some of the patients questioned had had all of their teeth extracted to improve a general physical condition, and they said that they felt just as bad after the removal as they did before. Others attributed their present good health to the loss of infected teeth. If the public was instructed as to the specific results of improper care, and if stress was placed on the necessity for frequent checkups, then these results

would be greatly minimized. This education is primarily up to the dentists, for only they can appreciate fully the ramifications of dental neglect.

The Nation's public schools give both primary and secondary students a basic education in hygiene, and broad references to dental hygiene are included in these curricula. However, this training is not adequate if the public is to be conscious of its dental needs. The inadequacy of the present system of dental education is shown by the slipshod manner in which the majority of the people brush their teeth. By merely telling the patient the mechanics of the proper method the dentist accomplishes little. But if the dentist explains why the patient should brush his teeth in the prescribed manner and what are the results of improper cleaning, he is actively helping the patient to learn the principles of dental hygiene. Twenty minutes taken by the dentist to demonstrate these methods of brushing teeth and stimulating the gingivae would be time well spent. For if the patient is to learn to clean his teeth properly he will learn best and quickest by being shown by the dentist or dental hygienist.

"What's Wrong, Doctor?"

The schools, magazines, newspapers, and radio give the dental patient the foundations of dental hygiene. He learns, in school, to brush his teeth, drink milk, and lead a clean life, if he wants

strong, white teeth. From the magazines and newspapers he gets conflicting stories about the merits of various dental products. But from them he learns about tooth enamel, bad breath caused by unclean teeth, and dental infection. Over the radio catchy tunes warn him against halitosis, and the social disgrace that accompanies a dingy smile. From all these he learns the importance of proper dental care. It is at this point that the dentist must take up the educational process. The patient doesn't care about the experiences of a young man in Sioux Falls who had bad breath. He wants to know if he has halitosis, and what he should do for it. If he has his own teeth he doesn't want to hear about dentures. He is interested in keeping his teeth and taking care of them properly—he is interested in himself. The personal contact between patient and dentist is important; it enables the dentist to give his patient individual care. To educate him the dentist should not try to instruct him on the elements of dental disease and infection, and the methods used to combat them, for the patient doesn't care about vague and abstract examples. He wants to know what's wrong with his teeth, how they got that way, how much treatment will cost, if it will hurt, and exactly what is to be done. In order to have well-educated and understanding patients, the dentist must treat them as people who are worried about their dental problems.

It is up to the dentist to help his patients rid themselves of any apprehension or anxiety that might surround dentistry. He must realize that, once the patients understand what's wrong and what can be done to help them, they will become willing, relaxed, and conscientious people. The greatest opportunity for successful dental practice is the personal relationship at the dental chair. There is no substitute for personalized and individualized explanation and treatment. The essence of success in the practice of dentistry always has been, and always will be, personalized service.

1207 West Nevada Urbana, Illinois

SO YOU KNOW SOMETHING ABOUT DENTISTRY! ANSWERS TO QUIZ XX (SEE PAGE 809 FOR QUESTIONS)

- False. (Gordon, S. M.: Dental Science and Dental Art, Lea & Febiger, 1938, page 649)
- Only occasionally in the tips of the cusps of the first permanent molars. (Gordon, S. M.: Dental Science and Dental Art, Lea & Febiger, 1938, page 111)
- 3. Gold, silver, copper, aluminum, tin, and platinum.
- (a) torus palatinus, (c) genial tubercles, (d) torus mandibularis.
- Lingually. (Orban, Balint: Oral Histology and Embryology, 2nd Edition, C. V. Mosby, 1929, page 170)
- No. (Brauer, J. C.; Higley, L. B.; Boyd, J. D.: Dentistry for Children, Blakiston, 1939, page 247)

- (c) actinomycosis. Others are names which have been used with reference to a particular pathologic condition. (Mead, S. V.: Diseases of the Mouth, 5th Edition, C. V. Mosby, page 843)
- 8. Yes. Gingivitis and in advanced cases deposits of serumal and salivary calculus. (Thoma, K. H.: Oral Diagnosis and Treatment Planning, Saunders, 1937, page 13)
- Yes. (Kanner, Leo: Folklore of the Teeth, Macmillan, 1928, page 296)
- Acetanilid, acetophenetidin, aminopyrine, and acetylsalicylic acid. (Accepted Dental Remedies, 10th Edition, American Dental Association, 1944, page 169)



Dentists in the News

Baltimore (Maryland) Sun: Doctor B. Lucien Brun, nationally prominent Baltimore dentist, has been appointed head of the Dental Department of the Johns Hopkins Hospital, according to a recent announcement made by Doctor Winford H. Smith, Director of the Hospital. In announcing the appointment Doctor Smith said: "Doctor Brun has been on the Hopkins staff for many years. He is recognized as one of the outstanding men in the field of dentistry. We consider ourselves fortunate that he has agreed to accept the post."

Doctor Brun has been head of the oral surgery staff at the Hospital since its formation in 1912. He succeeds Doctor H. Hayward Streett in his new position.

Philadelphia (Pennsylvania) Evening Bulletin: A snowbound farm woman telephoned her dentist, Doctor A. J. Hanson, of Ortonville, Minnesota, and said she had a toothache but could not get to his office. After telling his patient that he would be right over, Doctor Hanson jumped into his airplane and flew to her farm home, landing on a nearby ice-covered lake. The surprised woman soon had relief from her aching tooth.

Detroit (Michigan) News: A dental students' loan fund is to be established with the proceeds of a grand ball recently sponsored by the Women's Auxiliary of the Detroit District Dental Society, according to an announcement

made by Mrs. C. W. Harling, President of the organization.

"Preference in loans will be given this year to war veterans who need financial aid in preparation for their profession," Mrs. Harling said.

The organization, mindful of the critical shortage of dentists, hopes to encourage more young men and women to enter the dental profession by aiding qualified students who cannot complete professional training on their own resources.

Harrisburg (Pennsylvania) Patriot: Doctor Alvie R. Livermore, Smethport, Pennsylvania, dentist, was elected President of the Pennsylvania State School Directors' Association at the organization's Fiftieth Annual Convention. A better school health program to include trained teachers in health instruction, sufficient time allotment for instruction, use of modern equipment, and a health service with periodic medical and dental examinations, was urged by participants at the Convention.

Miami (Florida) Herald: The Ark of Roelyn "docked" recently in Tallahassee, Florida, with its owner, Doctor G. W. Clark, 73-year-old retired dentist of Fort Dodge, Iowa. The Ark is a 16-foot boat in which three people can sleep. It is painted a patriotic red, white, and blue, and has a collapsible top that folds in for good weather.

Doctor Clark hooks the Ark to his (Continued on page 832)

By ROBERT H. BRENING, D.D.S.

I'd Like Dental Insurance

Dentist - reporter finds that most people favor dental health insurance provided it permits a free choice of dentist.

IN RECENT interviews with people picked at random an endeavor was made to determine the public's attitude toward various aspects of dentistry-to the extent of trying to find just what the patient does expect of his dentist today. Some of the answers received to the queries advanced in these interviews have already been published in two recent articles entitled DEN-TISTS-MEET THE PEOPLE1 and "So You Lost a Patient . . . "2

Because of the timeliness of the subject and the intense interest displayed by the public in various types of hospital and health insurance. I felt it would be of general interest to add a question dealing with the subject of dental insurance. Much has been said both for and against the desirabilities of such a service, and I thought it might be interesting to hear the public's reaction to the question: "Would you be in favor of a plan for dental care akin to some of the existing types of health insurance; say, for instance, Plan for Hospital Care?" I mentioned Plan for Hospital Care only because it is widely known and most people are acquainted with its functions.

Of the group interviewed, the majority indicated that such a plan would be acceptable to them. A totaling of replies shows 62 per cent to be in favor, 10 per cent against, and 28 per cent undecided or uncertain of the benefits to be gained by a plan of dental insurance.

Freedom in the choice of their dentist was a qualification desired by almost all who were interviewed. I am sure that some of those who answered in the negative did so because of the fear that they might not have a free choice in selecting their own dentist. It is

¹Brening, R. H.: Dentists—Meet the People, Oral Hycirns 36:418 (March) 1946. ²Brening, R. H.: "So You Lost a Patient . . .," Oral Hycirns 36:630 (April) 1946.

impossible to overemphasize the public's response of wanting to keep freedom of choice of the dentist paramount under any plan for dental care or any form of dental insurance. Replies indicated that only if freedom of choice was granted under any proposed form of insurance would it be found acceptable. It appears that our patients are not about to relinquish their voluntary selection for government control or agency type of administration.

Some of those interviewed voiced apprehension at the plan for fear of cost. A number felt that insurance of that type "would be pretty high." Others in the "uncertain" group who were neither for nor against a plan for dental care may have answered guardedly for fear that I may have been trying to "sell" them something. Despite my assurances to the people that this was merely an information gathering venture, I believe that some still felt that there might be some ulterior motive, and for that reason answered in a non-committal manner. Still others of those who were uncertain replied that they were unfamiliar with health insurance and for that reason did not feel qualified to render an opinion. As one replied, "I'd like to know more about it-I guess it would be all right."

Those opposed to a plan for dental care were mainly people in the upper age brackets. It is evident that the wearer of complete dentures found it difficult to foresee just what advantage dental insurance might hold for him. As one man replied, "I don't need any insurance for teeth—mine are false. Nothing can happen to these." Still others among the older group felt that they had been through the major part of their dental difficulties and were of the opinion that they would derive but little benefit from any plan for care.

The group most interested in the proposal of a plan for dental care was that comprised of young mothers. Their answers were almost unanimous in that they would find such a plan acceptable for their growing children. This group of young mothers were more than mildly interested and enough of them had already experienced some benefit at the hands of a voluntary health or hospital plan to recognize that a dental plan would be desirable. Once again, however, these people assured me that any form of dental health insurance would be acceptable only if "we can pick our own dentist, of course!" It may be that they felt a plan such as this to be a stimulus to child care.

From this expression of the public's attitude toward dental health insurance, we can safely assume that the majority would favor such a plan, and it is of interest that the most enthusiastic people are the mothers who feel that dental insurance would benefit their children.

4917 North Hoyne Avenue Chicago 25



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

DENTISTRY IS YOUNG - AND SELF-CONSCIOUS

As a separate profession dentistry has just passed the hundred-year mark. This is youth—callow youth—as compared with the traditions in medicine, law, and theology. The centuries have given balance, mellowness, and some tolerance to physicians, lawyers, and clergymen. The short hundred years of dentistry's struggle for recognition have given us what youth is always likely to express—arrogance, cocksureness, intolerance. The swagger of human youth is to cover up his insecurity. The pretenses of a young profession are cloaks to disguise the same emotions of insecurity.

As a result of our professional self-consciousness, we are inclined to overcompensate by being more doctrinaire, more dogmatic, more assertive than the older professions. To be specific, our educational standards are as severe and as letter-perfect as any profession's. Our state licensing regulations are more stringent than any profession's. Our professional societies are more ambitious and attempt to be more regulatory than any other professional organizations. Like human youth, we are impatient. In a brief hundred years we demand the same social recognition that it has taken the older professions centuries to acquire.

In the hundred years of our history we have evolved faster than any other profession has in five hundred years. It is not so many years ago that the physician was a medicine man and the surgeon a barber. For the first thousand years of Christianity the clergymen were recruited from the lower social strata and did not often rise to places of contemporary influence. In a hundred years dentistry has come a long way

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—from the itinerant and apprentice to a person educated under university discipline, from a tinker to a highly trained engineer-technician, from a tolerated but not respected handyman to a person now accepted in all social and economic classes, in universities, research foundations, within the governmental agencies.

In its early youth dentistry was fortunate to have strong men in leadership, men who fought the morés of their times and the indifferences of their age to advance the profession. Society is hostile to the aspirations of any group. Only by hard work and substantial accomplishments were the early dental leaders able to win recognition for dentistry.

We who live today have inherited the responsibility to advance the profession. We can make our contributions by perfecting ourselves as practitioners, by broad scholarship among our teachers, by imagination and resourcefulness from our investigators, by statesmanship from our elected leaders. Every dentist has it within his power to aid the profession. Progress in a profession springs from the grass roots; it does not trickle down from the top.

When a dentist feels inferior and begins to rail and criticize the profession of dentistry, he should first look in the mirror and ask the familiar face he sees if the man behind that face has done, is doing, and will do, everything within his potentialities to be a better dentist. If he improves himself and does a better job it will be but a short time before society gives him merited recognition. The dentist who feels inferior and discriminated against has himself to blame, not the profession. The profession is young and self-conscious, but it also has an imposing history of development. We should learn to temper our impatience with a sense of pride in our accomplishments.

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DENTISTS IN THE NEWS

(Continued from page 827)

automobile when he goes traveling. He has driven and used his Ark over millions of miles of highways and inland waterways in all parts of the country except the South. This is his first trip to Florida. He plans to go to Tampa and then through the Everglades to Miami. Following his visit in Florida he will travel in his Ark up the inland waterways to New York.

This dentist has had his boat since 1928. He says he grew tired of city traffic and wanted to "get out and follow the birds."

Minneapolis (Minnesota) Star-Journal: One of the guests at the Minnesota State Dental Association's convention in St. Paul was Captain Walter Campbell of the Canadian Army Dental Corps. Captain Campbell, who recently returned from seven years of teaching dentistry at West China Union University in Chengtu, reported that modern dentistry is still unknown to the Chinese millions.

"To most of them a dentist is an itinerant who practices his trade on street corners with a pair of pliers," he said. According to Captain Campbell there is only one university-trained dentist for every 1,000,000 Chinese.

During his years at Chengtu, Captain Campbell wrote a dental textbook in Chinese which is used in the University.

Arkansas City (Kansas) Daily Traveler: A patient of Doctor Benjamin Weisbren, Milwaukee, Wisconsin, dentist, fainted several months ago just as the dentist was about to extract a tooth. Doctor Weisbren waved a bottle of smelling salts under the patient's nose and then went on with the operation.

Recently the patient returned for another extraction and said, "Use the same stuff you did before. It was wonderful." Doctor Weisbren administered the smelling salts and then extracted the tooth.

"You better get a fresh bottle," the patient said. "That stuff is getting weak."

Philadelphia (Pennsylvania) Evening Bulletin: During a momentary lull in Doctor John J. Curry's dental operations, the patient in the dental chair, Joseph Hagen, had an opportunity to



announce that he smelled smoke. Doctor Curry was skeptical, however, and went on with his operations. At the next lull the patient again brought up the subject. He insisted the smoke was getting stronger.

By this time Doctor Curry thought he smelled it, too, and upon investigation found the whole basement ablaze. His wife and children were rushed from the house. When the firemen arrived, the fire was burning through the first floor. In the meantime, the eight or ten patients in the reception room had left for home.

Buffalo (New York) Evening News: Now that the war is over, Doctor Jules Goll, Buffalo dentist, can return to one

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of his many hobbies, making phonograph recordings. Doctor Goll dislikes spending his leisure time resting or sleeping. Instead, his dozen or more hobbies take the place of sleep. On his long day, as he calls it, he practices dentistry until noon and then spends the afternoon working on his recordings, moving picture outfits, and inventions. Refreshed, he resumes practicing

at six o'clock and continues until midnight. He finds keeping busy with hobbies quiets his nerves and keeps him from getting in a rut.

The room beyond Doctor Goll's dental office would delight any hobbyist. There are piles of unmarked phonograph discs ready to record voices, boxes of prize fight films taken by the dentist with a telephoto lens, aquariums for guppies, a target range, projection machines, and a device to reduce 16-mm. film to 8 mm. so as to portray a 10-round fight on a single reel. Doctor Goll explains that fighters like to come to his office and get a line on the form of coming opponents.

In addition to these hobbies, Doctor Goll finds time to do modeling, fish for muskies, hunt, and create ornamental fountains for homes and stores,

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

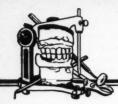
LOUIS L. BINDER, D.D.S., 5237 North 5th Street, Philadelphia 20. WILLIAM PERRY, D.D.S., 1930 Chestnut Street, Philadelphia 3. SAMUEL MYERS, Whitehall, Palm Beach, Florida. GEORGE B. FRITZ, 210 East University Parkway, Baltimore 18. MRS. H. M. DUMMIT, 224 Burford Building, Arkansas City, Kansas. Edna Lund, 4138 Washburn Avenue North, Minneapolis 12. MRS. PHILIP BENDER, 1301 Michigan Avenue, Buffalo, New York. A. COLBURN, 16875 Sussex, Detroit 27.

CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

VETERANS ADMINISTRATION TO ESTABLISH DENTAL TRAINING PROGRAM

Doctor Vern D. Irwin who is now serving as Chief of the Dental Division of the Minneapolis Veterans Administration Branch Area Office, has been assigned temporarily to the Central Office in Washington to establish a dental training program to link the Veterans Administration and the forty Class A dental schools in the country, according to an announcement made by Doctor Paul R. Hawley, Chief Medical Director. Doctor Irwin was formerly Director of the Division of Dental Health in the Minnesota Department of Health.



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

Wax Impression Technique for Lower Denture BY HENRY B. ANDERSON, D.D.S., and C. BATES McLAIN, D.D.S.

Lower digital examination is necessary before taking impression. It should determine:

RIDGE:

Sharp, round, flat, or concave.

RAMUS:

Obtuse or right angle to body of jaw. External oblique line well defined or not.

FLOOR OF MOUTH:

Taut or loose, and degree of compressibility in bicuspid region.

MYLOHYOID RIDGE:

Sharp or round.

MUSCULAR ATTACHMENTS:

Normal or abnormal in position, tension in muscles, degree to which buccinator can be displaced in buccal fold, attachment of lingual frenum—whether high or low and how long. Oi

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MUCOUS MEMBRANE:

Tender or tough, loose or taut.

TONGUE:

Tied or normal; patient's control of it.



Select stock tray large enough to cover retromolar triangle.



Use stiff compound under A.D.A. Specification No. 3, Displace all movable tissue. Press compound on lingual toward mandible.



Remove undercuts on lingual below mylohyoid ridge, and relieve areas over sharp ridges and high ridges.



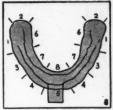
Outline model with sharp instrument \(\frac{1}{8} \)" beyond retromolar and on to soft tissue.



Make tray by vulcanizing two sheets of wax on model, with handle of relief metal as shown.

Divide tray into sections or

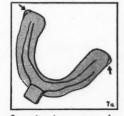
areas as shown. Work only



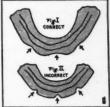
one section at a time. For fellowing illustrations, refer back to figures in this diagram. Reduce areas 1 to line up exactly with external oblique ridge. Stop at about second molar.



Place index finger firmly in retromolar fossa—same position as for locating mandibular injection. Dry tissue. Mark at tip of fingernail with indelible pencil. Replace tray. Trim area 2 to mark transferred from tissue to tray, at right angles to body of tray.



In trimming corner between areas 1 and 2, round the corner until it passes comfortably under the buccal fold in the cheek. Do not cut down too much or all horizontal stability will be lost.



Trim buccal and labial areas 3, 4, and 5. Trim out muscles as shown in Fig. I, not as in Fig. II.



Have tongue thrust forward as far as it will go. Trim area 6 until tray cannot be lifted or thrust forward by this tongue movement.



Have patient put tongue to each side of mouth with slight pressure, and trim area 7 until all muscle interference is removed.

In trimming (and, later in beading) work first one side and then the other, i.e., area 1 on right side, area 1 on left side, etc.



Trim area 8 until sublingual ducts can be seen with tongue at rest. Trimming is now completed.



Place spots of compound in incisor region and in second molar area almost in retromolar triangle. This raises tray and keeps it centered.



Bead areas 1 and 2 by dotting, low-fusing compound on periphery, 3 mm. on inside and 3 mm. on outside of tray.



Hold with finger firmly in mouth, and mold by lifting cheek and lips in rotary motion. Similarly bead and correct area 3.



Bead and correct areas 4 and 5. Bend flexible handle upright. Hold tray with fingers and have patient retrude lip.



Bead and correct area 6. Have patient open mouth and stick tongue out, and into each cheek.



Bead and correct area 7. Hold tray firmly and have patient hold mouth open and stick tongue into roof of mouth and into each cheek.



Bead and correct area 8. Have patient open mouth wide and, starting at corner of mouth, lick lip from corner to corner.



Add compound to top of tray, forming a bite block from distal of cuspid area to heel of tray.



Insert in mouth and have patient close to near normal bite. Trim bite blocks until patient feels even pressure on each side.



Cut out compound stops.



Heat wax for lower in water bath, and paint evenly all over tray including compound beading, and extending 2 or 3 mm. beyond periphery. Wax flows at 96°.



Take to mouth and leave until body temperature penetrates wax. Time varies with temperature of patient and muscle tone.



After wax gets to body temperature, have patient close and apply even pressure.



Have patient keep closed, and suck and swallow often. Keep in mouth under pressure from 5 to 15 minutes.



Chill thoroughly with water 40°.



Box with carding wax, and pour stone model.

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Numerous requests have been received for a Lower Impression Technique. The technique above (first published in this department in 1941) includes many features only now being demonstrated in clinics. If carefully followed, step by step, this technique will produce fine results.

If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Subluxation of Jaw

Q.—I have a patient, a woman about forty years old, whose lower jaw is continually dropping out of joint. She has difficulty while eating and laughing. I extracted her upper teeth some time ago, and now she wants a denture. Do you know of any way I can keep that mandible in place while taking her impressions? If so, I should appreciate some advice as I dislike having her go through the pain of putting that joint back in place.—L. E. W., Wisconsin.

A.—If the capsules of the temporomandibular joints are so loose or torn that subluxation occurs when eating or laughing, I can see little hope of preventing subluxation when taking an impression of the lower jaw. I suggest you have the patient open her mouth only as much as necessary to enable you to introduce the impression tray and then support the jaw with her hands as you press the tray down. In my experience these jaws that subluxate so readily and frequently do so without much pain and the patient can usually put the jaw back in place.

I think that dentures are indicated in this case, both to permit mastication of her food and thus improve her nutrition, and to help overcome the subluxation. With properly articulated dentures the condyles will be in their normal

positions when the teeth are in centric occlusion. When the dentures are made advise the patient to avoid allowing the joints to slip out of place. The ligaments can then regain their normal tone.—GEORGE R. WARNER.

Delayed Eruption

Q.—I am enclosing a roentgenogram of the tooth of a child 3 years old. The right deciduous lateral has not erupted to date although it shows its presence with some abnormality. All the other teeth are in the mouth.

Do you think that allowing this tooth to remain in the tissue will have any effect on the permanent tooth, or do you think it should be roentgenographed from time to time and later removed surgically to allow the permanent tooth to erunt?

Your advice will be appreciated.— E. F. K., Illinois.

A.—You are undoubtedly right that watchful waiting is best for this 3-year-old patient at the present time. It would be well to roent-genograph again about once a year and extract this lateral if and when it appears to be retarding the eruption of the permanent tooth.—V. CLYDE SMEDLEY.

Loss of Enamel

Q.—I have a patient, a young girl 14 years old, whose upper centrals are chipping and wearing. Could sipping "cokes" or sucking salted lemons habit-

ually cause the enamel to wear and chip this way? If not, what could be the cause and what would you suggest to check this condition?

Another patient the same age has the mesial side of the upper centrals much shorter than the distal, forming a half moon or "rabbit teeth" as the children call them. What could have caused the teeth to have this abnormal shape and what can be done to improve their appearance?

I shall appreciate your opinion on these cases.—A. D. W., Louisiana.

A.—Sucking lemons could well be the cause of the loss of enamel on this girl's centrals. We have many cases recorded of lemon juice erosion.

If the mesial angle of your patient's centrals have never been broken or chipped away, possibly she has a pencil-chewing or some other pressure habit to account for this condition. You might effect a marked improvement in the appearance of these teeth by grinding the distal angles. When such a tooth is thus thrown out of function it will usually elongate into correct alignment after a time. If they do not elongate enough to be acceptable in appearance, they can later be crowned with porcelain or acrylic jackets.-V. CLYDE SMEDLEY.

Protruding Lower Jaw

Q.—I have a patient, a man about fifty years old, who has a small upper jaw and a large lower jaw. I do not see how I can make successfully full upper and lower dentures for him as he cannot retract his lower jaw; and in occlusion the upper denture would come inside the lower. What do you advise in these cases?

I had another patient with a condition similar to this one, but he could get his lower jaw back farther in centric occlusion, and by using acrylic teeth I constructed successful dentures. My laboratory man who is excellent has advised me to tell this man that I cannot make him successful dentures and rather than take his money I would prefer that he went to someone else to have his dentures made. I have told the patient this but he says that he is not going to worry about anything.

going to worry about anything.

Please advise me,—E. A. P., Rhode
Island.

A.—If the protrusion of the lower jaw beyond the upper is marked, the lower teeth can be set somewhat lingual to the ridge and the upper teeth labial to the upper ridge to bring the incisal edges virtually end to end. The upper posterior teeth can be set in lingual occlusion to the lower teeth and they can be tipped at such an angle that occlusal stress is directed toward the ridges with the heaviest contact toward the lingual cusps of both upper and lower teeth. We have made a number of such cases that have functioned satisfactorily. I instruct such patients to learn to masticate with small morsels of food on both sides at once to prevent dislodging forces, and to press inward on whatever they may attempt to incise.—V. CLYDE SMEDLEY.

Partial Upper Denture

Q.—Many dentists construct a partial upper denture wherein two molars remain, one on each side. These molars may be the first or second. The remaining teeth, from the six anteriors plus, are butted to the gingivae. What is your opinion of such a denture?

Recently I made a full lower denture for a patient having such a partial upper denture. The clasps were brought around distally to rest on the occlusal surface. Obviously no thought was given to a lower denture at that time. The lower denture I made is not a worthy reflection of my service. I am thinking of advising the patient to have the en-

(Continued on page 842)



OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



Eric Hamburg of Sweden with E ward L. Ball, Cincinnati, at the Chicago Midwinter Meeting.

Officers of the American Academ, of Periodontology. Left to right Raymond E. Johnson, Treasurer, Samuel Parks, President; Edger Coolidge, President-Elect.





ASK ORAL HYGIENE

(Continued from page 839)

tire case reconstructed as a full upper and lower. Do you think I am justified in this conclusion? The upper anterior region is inflamed and spongy because of contact with the swinging partial denture for about two years.—D. R., New York.

A.—You are right. You should never have attempted to make a full lower denture to function with such an upper. In fact, full lowers occluding with partial uppers, or all natural upper teeth for that matter, are usually unsatisfactory resulting in most cases in traumatization and excess resorption of the lower jaw.

I do not agree, however, with the implication in your first paragraph that no partial upper denture should ever be made by clasping a lone molar on each side.— V. CLYDE SMEDLEY.

Denture Retention

Q.—I am enclosing a model run up from a snap impression of an upper denture with which I have been having difficulty. I have tried this case several times but I cannot get good adaption. The case has been made up twice with acrylic after taking the impression with modeling compound, muscle trimming, and then a corrective wash. This case was postdammed and palate relieved about 1.5 mm. In fact I have done everything I know of but yet the adaptation is not good. The ridge tissues are dense as is also the anterior palate. The hard dense tissues will average about the way I have shaded the areas. The occlusion is quite good.

While I realize it is impossible to make an accurate diagnosis with just the model; nevertheless, I thought perhaps you might be able to give me a few suggestions that may be of help.

Any advice you can offer will be greatly appreciated.—S. J. H., Maryland.

A .- I judge from your snap impression that this man has a class three throat form and that this is causing your principal difficulty with retention. In making a new denture fitting, either refitting the present or making a new denture, locate the hamular notch between the palatal and the hamular process of the sphenoid bones by sliding the edge of a small mouth mirror backward to the lingual of the tuberosity toward the soft palate until the mirror drops into this notch. Watch the mirror imbed itself in the soft tissue of the palate, mark this location with an indelible pencil, transfer the pencil mark first to the trial plate and then to the cast, and with a number ten bur cut a postdam in the cast.

Run the postdam across the palate, carefully using the edge of the mirror to tell you where and how much postdam can be impressed. With the postdam thus prepared on the cast, soften the baseplate material and set it up accurately into the postdam preparation, carry trial plate to the mouth, hold it firmly seated with left hand and study palate carefully with a mirror to determine whether seal is complete.

If there is any blanching of the tissue when the denture is held firmly seated, your postdamming preparation has been overdone, but usually I find that when it is set at the correct location it will take a deeper seating without blanching or irritation than I would think possible if I did not determine it

- 411. MUCO-SEAL-Mucosal Seal. A technic and a technique.
- 412. <u>MUCO-SEAL technic</u> involves use of MUCO-SEAL impression material; <u>may be used in any full denture technique</u>; gives accurate impression with no mucosal displacement.
- 413. MUCO-SEAL technique involves use of MUCO-SEAL impression material in a simple positive lower impression procedure that gives retention of the lower denture regardless of ridge.
- 414. Technic and technique <u>are available in the MUCO-SEAL impression</u> material package.
- 415. CYCLO-MOLD acrylic teeth are a necessary part of the MUCO-SEAL technique because—the retention originally obtained is retained indefinitely—up to twenty-one months in our own cases, with no loss of lower denture retention.
- 416. The injection molded CYCLO-MOLD teeth used in these cases have not lost measurable vertical dimension in that time. They are in perfect balance, perfect occlusion with all indications of continuance.
- 417. ACRYNAMEL Liquid Opaque, for opaquing gold bars, thimbles, etc., becomes an actual part of the acrylic restoration, does not weaken the attachment. It may be used underneath jackets immediately before cementation to correct a shade! It does not weaken or check the restoration as do many other liquid opaques containing methyl methacrylate solvents.

by this fit and try method. In a class three throat form it is particularly important to take care with this postdamming operation.

—V. CLYDE SMEDLEY.

Inflamed Palate

Q.—I should appreciate your advice in the following case:

After wearing a full upper denture for several years, the patient's palate (the area corresponding to the relief chamber) is highly inflamed and finely fissured; making it possible to lift up small areas of the mucosa.

I have advised the patient to discontinue wearing the denture and am treating the palate with gentian violet. I have seen a similar condition under a vulcanite denture.

Can you suggest any other treatment? Is surgery indicated? Would a highly polished metal based denture be of any help?

Thank you for any aid you may give me.—M. B. R., New York.

A.—For this reason we have not placed a relief or vacuum chamber in a denture for twenty years.

The simplest remedy is to fill up the chamber in the old denture. I have done this with hard wax, taking pains not to overfill it and to flame wax to a smooth glazed surface. In most cases this abnormal tissue will return to normal in a surprisingly short time under a denture with the air chamber eliminated.—V. CLYDE SMEDLEY.

Gingival Condition

Q.—A patient referred by a physician presented herself two weeks ago with a gingival condition which I should

like to discuss, and on which I should like your opinion.

The gingivae were not inflamed, but normal in appearance, except where a brownish-colored, granular-looking tissue was growing. It had the appearance of brown sugar, or dark-colored denture powder, adhering to the gingivae. This was noticed especially in the grooves between the bony prominences of the cuspid and centrals.

It was noticeable on both the upper and lower gingivae and it seemed to take an iodine stain with a definite line of demarkation between the hard epithelial layer and the soft tissue. I scaled her mouth, used mercurochrome and gentian violet.

Your opinion on this subject will be greatly appreciated.—R. W. S., Illinois.

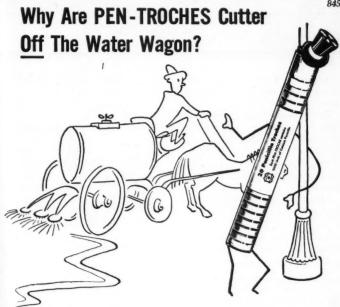
A .- Your description of the gingival condition of your patient does not give me a picture of anything I have seen, and I do not find any such condition described in any of my textbooks. I suppose the physician knows it is not related to any medication he has prescribed or to any general condition. Does the patient know how long the gingivae have had that appearance? Possibly it is an inherited condition similar to the pigmentation of the gingivae which we see occasionally. The fact of there being no inflammation and, I take it, no discomfort, points to the possibility of its being a non-pathogenic departure from normal tissue. If there is any change or if you finally make a diagnosis, I should appreciate hearing about it.—George WARNER.

P

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"Penicillin dried and kept dry is stable... As long as you have water with it, it is unstable."*

That's why no water is used in massing Pen-Troches Cutter. More, it explains why Pen-Troches are available only in sealed, moistureproof, single-prescription vialssince even atmospheric moisture is known to reduce the potency of penicillin tablets.

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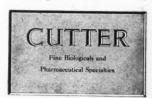
Equally important, Pen-Troches are chemically bound to make them slow-dissolving. Result is,

*Fleming, Sir Alexander Modern Medicine 8:12:57, December 1945

they are able to maintain an adequate penicillin level in the saliva for more than two hours.

A specific in the treatment of Vincent's Infection, reports are now encouraging on the treatment of other penicillin-sensitive oral infections, as well.

Cutter Laboratories, Berkeley, California Chicago · New York





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Visitor: "Don't you cut yourself pretty often with this straight-edged razor?"

Mountaineer: "Nar. I been shaving nigh on to five years now and I ain't cut myself either time."

"Your husband looks like a brilliant man. I suppose he knows practically everything."

"Don't you fool yourself; he doesn't even suspect anything."

Patient: "My wife tells me I talk in my sleep, doctor. What should I do?" Doctor: "Nothing that you shouldn't."

She wouldn't darn his socks because he didn't buy her a coat. He didn't give a wrap-so she didn't give a darn.

"Tell us all you know about nitrates." Student: "I don't know much about them except they're cheaper than day rates."

When the agent of a life insurance company paid Mrs. Stone the amount of insurance her husband had carried, he asked her to take out a policy on her own life.

"I believe I will," she replied, "my husband had such good luck with his."

A WAAC asked the Commanding Officer: "Where do I eat?"

He answered: "You mess with the men."

She: "I know that, but where do I eat?"

Harry: "So you've been in the hos-

pital. Did they put stitches in you?" Charles: "No, I just pulled myself together."

Grass Widow-Woman who, after a divorce, feels like a new man!

Bigamist-One who makes the same

mistake twice. Childish Game-One at which your wife beats you.

Courtship-The period during which the girl decides whether or not she can do any better.

June-The month of brides. The other eleven are devoted to divorcees.

GI: "Has your mother told you what every girl should know?"

Girl: "Yes, a millionaire bachelor."

"Could anyone come between us, love?" he asked in accents tender.

"Well," spoke the young brother from under the divan, "they'd have to be darn skinny."

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"On other subjects, however, he is quite rational. When I told him that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, he said,

"'Oh, sure — Detoxol. And Junior will be using it soon!"

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FL Autoclave Only: Eastern, \$172; Western, \$176.50

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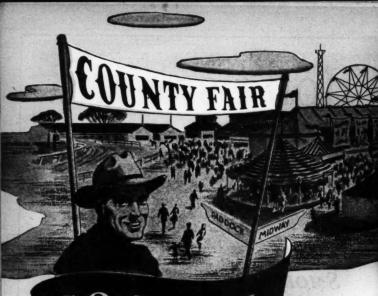
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May we suggest, instead, SMOKE "PHILIP MORRIS"? Tests'showed 3 out of every 4 cases of smokers' cough cleared on changing to PHILIP MORRIS. Why not observe the results for yourself?

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-136

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exerts a soothing effect on the muco-cutaneous area of the ano-rectal tract-thus breaking the vicious circle of itchingscratching-infection. Within five minutes after application, the suffering patient is fully relieved of distress and discomfort.

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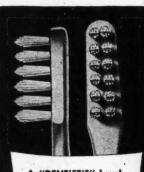


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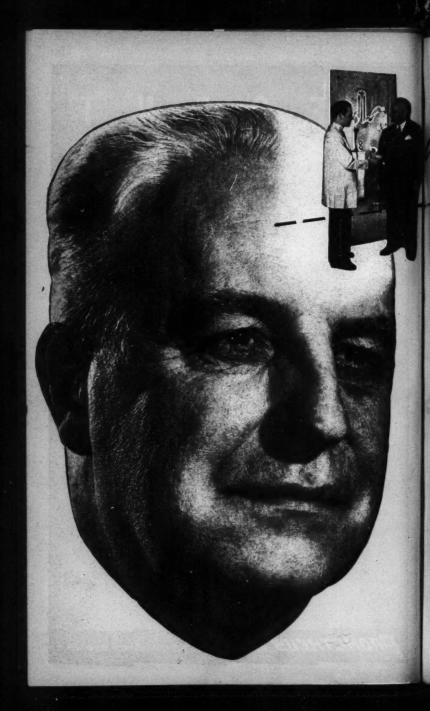
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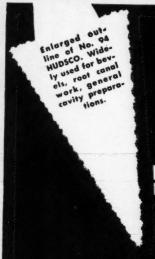
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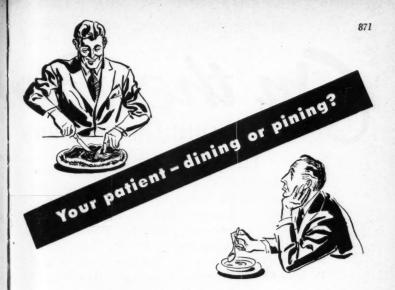
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BETAPLEXIN IS AVAILABLE IN VARIOUS CONVENIENT FORMS

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Pharmaceuticals of merit for the dentist

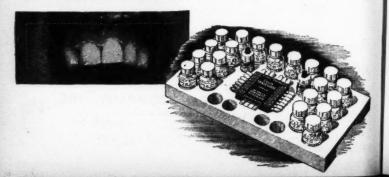
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CAULK SYNTHETIC PORCELAIN

This Synthetic Porcelain smile is 20 years old. Top photo (below) dates from 1925, when two centrals erupted. Next photo was made after pits were filled with Synthetic Porcelain. Bottom photo shows same restorations today.







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When You Mix it Thick and Mix it Quick



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What's the proper way to mix Synthetic Porcelain? The answer is incredibly simple—just "mix it thick and mix it quick." Use enough powder to produce a heavy, doughlike mass. Complete the mixing in a minute or less.

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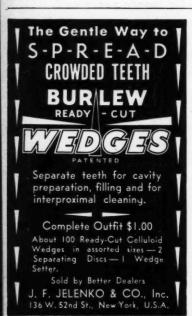
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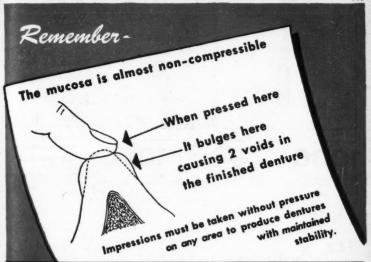
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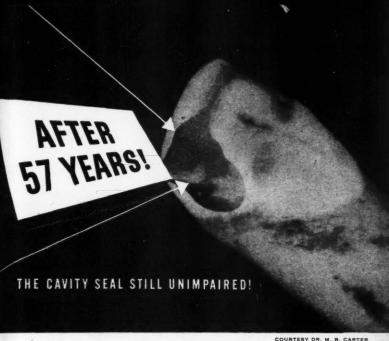
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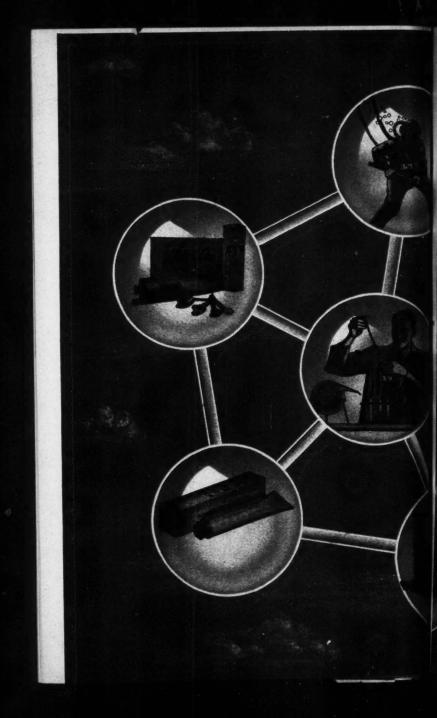
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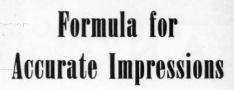
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Stone or Plaster models poured into Lang Elastic Impressions are clean cut, showing every fine detail, and ACCUR-ATE. As many models may be poured into impression as desired, WITHOUT CHANGE IN IMPRESSION.

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Lots of working time is available for cor-rect mixing, packing into tray, and transferring to patient's mouth.

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There are 18 FULL UNITS in a box. The powder is measured, not weighed. There are 60 cubic centimeters of powder in each unit; mixed with 50 ccs of water. This volume is sufficient to pack large upper trays, for full mouth impressions.

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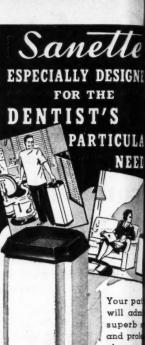
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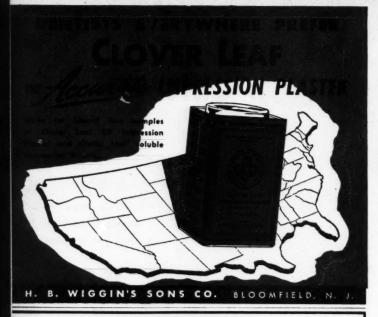
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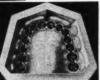
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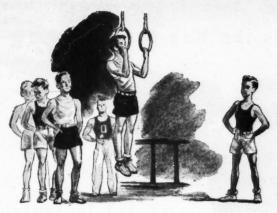
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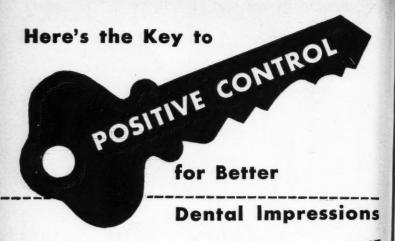


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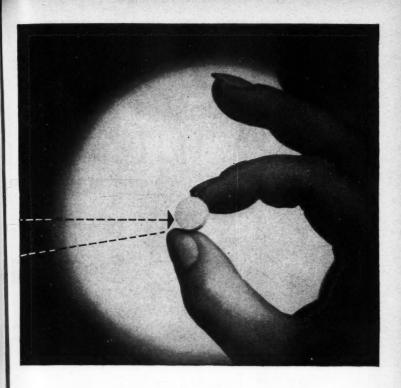
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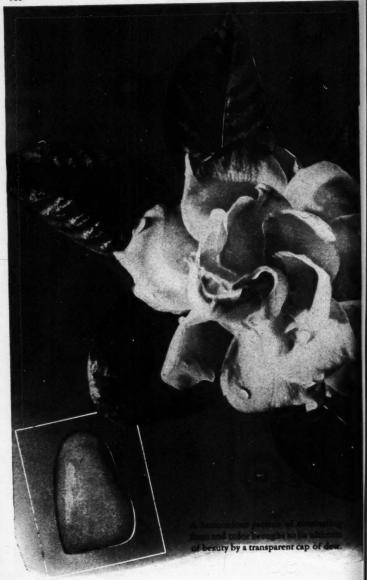
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erson's teeth are made to follow sown formula where beauty of form combined with nature's own dentine combined with nature's own dentine combined with nature's own dentine combined with nature's and lustrously brough a transparent enamel. This remarkable duplication of nature's beauty integrated with maximum ceramic rength. This masterpiece has been imitted the world over but never equalled.

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TRUE-BLEND ANTERIORS

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IF YOU ARE INTERESTED:

- In having your favorite inlay investment mixed in-side a Bowl Bell Jar.
- In having the most possible investment powder into a given amount of water.
- In having to use the lowest amount of heat to get the necessary expansion. In having castings fit exactly the way you want them to fit.
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- In having equipment which has been tested by a great many very successful Dentists.
- great many very successful Dentists.

 In having plenty of space in your laboratory for Hi-Vacuum Investing Equipment.

 In having air pumps which are being manufactured from 12 years experience.

 10. In the "slap system" we also have that at very much less cost.

 In having very much harder inlay and crown diss.
- 12. You therefore are interested in the Jordan Hi-Vacuum Investing Equipment.
- 13. Send in your request for two week trial order now.





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OILS . CLEANS . SAVES HANDPIECE

MINUTE • 1 OPERATION

BETTER, AT LOWER COST Economy

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ies. Hiow. Broken tooth spoiling your appearance?

Like the movie stars do, you can have that broken tooth camouflaged so perfectly no one will detect it! Over the injured tooth your dentist can fit a jacket crown . . . that exactly matches your other teeth in color and shape. And what a difference it makes in your looks! Today dentistry can work wonders to make your smile more attractive! And daily brushing with Pepsodent Powder can make your smile far brighter!



In Sunday Newspapers—with advertisements reaching more than 62 million people . . . Pepsodent tells your patients what you can do to improve their health and appearance. This educational campaign features modern dental accomplishments in straightening teeth, recapping defective teeth, fitting bridges.

On the Radio-the 35 million listeners of the Bob Hope show are counseled "See your dentist twice a year."

In Magazines—Pepsodent ads feature the slogan "See your dentist twice a year". . . as they have for the past 18 years.

Through the years—Pepsodent has sought to serve the dental profession and the public... convinced that its own progress is linked with the dental welfare of the nation.

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alkalinity!

AIDS YOUR PATIENTS IN DENTURE RETENTION

The function of a good denture powder is not to "stick" the plate in the mouth, but to help maintain the peripheral seal which is a fundamental necessity for denture retention.

FASTEETH is made from a carefully blended combination of gums designed to make it cohesive rather than adhesive. Thus, FASTEETH is not "mucilaginous" in function.

FASTEETH is alkaline and its alkalinity helps to prevent liquefaction by salivary acids. FASTEETH does not seep out readily from under the plate.

These are among the reasons why so many Dentists choose FASTEETH to give their patients longer and more pleasant aid while learning to wear an artificial denture.

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1	Clark-Cleveland, Inc. OH-5
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	Gentlemen:
	Please send professional samples of Fasteeth.
	Dr.



"GENERAL" \$195 F.O.B.—complete AUTOMATIC FURNACE

Inexpensive Adaptation of Pairman Research Furnace Meets more than all requirements for Precision Gold Castings, Heat Treating etc. where POSITIVE CONTROL is necessary.

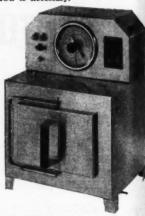
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They're learning about *Dentistry*, too

—and what they are learning will, in a great measure, determine their future as dental patients. With many things to do in their young lives, the time required for dental treatment is likely to be given reluctantly. If their dental chair experiences have conditioned them to dread a dental appointment, this reluctance is increased many-fold. Like all humans, they don't like to be hurt. They are intelligent enough to cooperate with the dentist who makes dental treatment easy for them.

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IN EGGS, OR IN STEEL

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the eggs!
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spoonfulls to many tons
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difference it provides.

Greater duration of anesthesia without added vasoconstrictor content; increased depth, and persistency; no increase in Novocain concentration; seldom, if ever, a need for re-injection.

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Dr. Herman's Obtund-Dent is a highly effective preparation for use in desensitizing hypersensitive dentin. After few treatments, teeth that have caused trouble for several years due to erosion or abrasion, cease to be sensitive.

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TRUSHAY

THE "BEFOREHAND" LOTION





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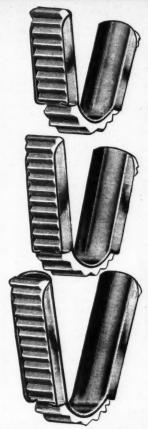
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The pads are made of pure gum rubber, can be sterilized and are easily replaceable. The design is very practical, as it requires only limited space in the mouth, thus establishing a clearance, providing great comfort in use.

Made in 3 sizes with extra pads furnished with each set.

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Uppers, 12 14 & 16 Sizes large to small. Lowers, 11 13 & 15 Set of 6, \$3.75

THE GF12-400 LINE

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ELASTIC IMPRESSION POWDER This New and Different

PARTIALS, FULL DENTURES and INDIRECT INLAYS

Accurate Reproductions . . . Registers and holds the finest details.

No Fixing Solution. No capsule or retardent to dissolve. Just mix as it comes from the package. Simply rinse the impression and pour the model.

No Distortion. Finished impression has an unequalled extra heavy firm and tough body that eliminates chance of distortion.

Long Shelf Life. Packaged in moisture-proof aluminum coated envelope to keep contents in perfect condition regardless of time.

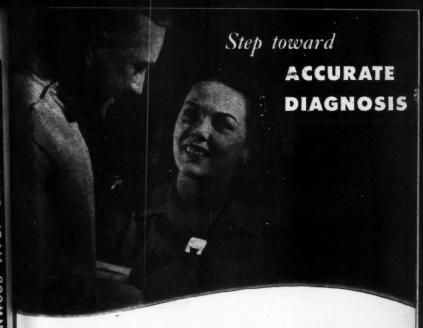
Half-Portion Units Too. The GETZ box contains 10 full units and 4 half-units . . . More Material Per Package. Each full unit contains sufficient to take care of over-size mouth impressions. This means lower cost to you. eliminating waste of material on small impressions.

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Like all other guaranteed GETZ-400 products, you may use this powder on several applications with the privilege of returning unused portion for full credit refund. 3 Boxes, \$3.75 ea.

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BY PONT Dental X-ray Safety Film with the exclusive "Pull-A-Tab" feature assures you consistently better dental radiographs. The green tab clearly identifies tongue side . . . rounded corners of the packet provide greater comfort for the patient. Additional advantages:



Set of 6, \$3.75

- 1. Extra speed
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Try this fine film. It comes single or double coated in packages of 24 or 144. Available through approved dental supply dealers. Folder on request. E. I. du Pont de Nemours & Co. (Inc.), Photo Products Department, Wilmington 98, Delaware.

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15 minutes in solution (or overnight)
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Hold under running water to rinse— THAT'S ALL!



The efficiency, ease and safety
of POLIDENT—the denture cleanser of proven merit
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DEVELOPED FROM FORMULA OF State Of Them D.D.S.

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FOR LOOSE OR SKIDDING DENTURES... A MOST EFFECTIVE MEDIA TO FILL IN VOIDS CREATED BY TISSUE RESORPTION.

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ATTRACTIVELY PACKAGED, befitting a product that is compounded at the chair in view of the patient. A package of TRI-TEX is usually sufficient to correct 20 to 30 dentures. Price \$15.

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43 WEST 57th ST. - NEW YORK 19, N.Y.





The Family tree"
as a quide
in tooth selection...

RESEARCH HAS SHOW CONCLUSIVE THAT THE "FAMILY" SIMILARITY OF TEETH PERSISTS THROUGH GENERATION AND IS GOVERN BY THE LAWS OF HEREDITY

The inheritance of labial characteristics, color, outline shapes, occlusion and arrangement of teeth from one generation to another is one of nature's useful phenomenon. In effect, it provides a permanent index file for reference when selecting teeth for edentulous cases.

The "Family Tree" is the most scientifically accurate guide now existent for tooth selection in edentulous cases. The relation of centrals to the laterals and cuspids—and their arrangement in the dentition is modelled in living records... through the dentition of a brother, sister, child or grandchild. The science of genetics translates nature's system to practi-

cal dental use.

ON

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How do Five-Phase Anteriors help to facilitate such a procedure? Instead of the usual "fixed patterns," Five-Phase Anteriors provide: 1. Varied labial surfaces characteristic of natural teeth. 2. Co-acting proximal contacts—for easiest set-up and transposition of laterals. 3. Veri-chrome Colors—following nature's plan of controlled brilliance... PLUS simplified color matching. 4. Superior porcelain—simulating natural tooth structure in depth, refraction and translucency. 5. Co-ordinate size system—for easier selection.

In short, Five-Phase Anteriors are distinctive in that they possess the lifelike individuality of natural teeth . . . the only means by which all of the living characteristics of the patients' teeth may be reproduced in the artificial denture.





ANTERIORS



had not become a victim of disuse atrophy through had not become a victim of disuse atrophy through employment of over-prepared foods. For while dentists would not train patients to hang by their teeth, they readily agree to the general need for improved structural vitality. To revert to cave-man food habits is obviously impractical. Practical, however, is the exercise of the entire masticatory apparatus with a non-nutritive, pleasantly flavored bolus, which simulates coarser foods in its frictional stimulation and resistance to chewing.

DENTYNE CHEWING

THE IDEAL MASTICATORY



No other light

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-OBTAINABLE ONLY THROUGH YOUR LOCAL DENTAL DEALER.

WRITE OR PHONE him now for full information.



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MANUFACTURING COMPANY
3855 N. Lincoin Avenue, Chicago 13, III.

MAKE YOUR OWN-

DIVIDUAL IMPRESSION TRAYS



YOU CAN NOW MAKE ANY TYPE TRAY YOURSELF! Easily . . . Quickly . . . No Special Equipment Needed

The Technic is this simple.



Run plaster model of impression. Prepare mixture of TRAY-MIX. Spread it over model, and shape in-to tray.



Cover the layer of TRAY-MIX on model, with plaster.
 Cure in boiling water 15 minutes.





4. Cool. Cool. Break away plaster. Remove tray. Finish excess. Tray is now ready to use.

TRAY-MIX . . . is an exclusive combination of methacrylic esters in powder and liquid form, possessing unusual adaptability and application for making individual impression trays . . . Completed trays will not distort, warp, or shrink . . . TRAY-MIX can also be used to make rigid BASE PLATES, and TEMPORARY IMMEDIATE PARTIAL DENTURES . . . This product of proven clinical performance is guaranteed to meet with your genuine satisfaction . . .

Only \$4.00 FOR COMPLETE KIT

SUFFICIENT FOR 20 TRAYS

Kit Contains: Powder, Liquid, Separator, and measuring device.

Available regularly in White, also obtainable in Pink.

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Very Effective for / Small, Difficult Problems



SOLUBLE IMPRESSION PLASTER

French's Soluble Impression Plaster is highly effective for making small, difficult impressions. Its accuracy is such that every slightest detail is faithfully reproduced. It is smooth, free from lumps and bubbles, dissolves readily in boiling water. Initial set is a speedy 1 to 1½ minutes—final set 3 to 5 minutes. "Soluble Impression" is equally satisfactory for duplicating master models. Colored pink and slightly flavored to distinguish it from other French plasters. Your dealer will gladly supply sample for testing.

SAMUEL H. FRENCH & COMPANY

Plaster Manufacturers Since 1844
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A routine case of cured Densene ''33'' against metal base. Material is sectioned to show accurate adaptation.

A section of the sectioned flask, opened to show accuracy of fitto-model.

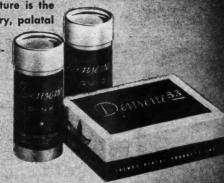
> Unretouched photograph of cross-sectioned flask. Note faithful adaptation of Densene '33' to mold.

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"DD" abbreviates "Denture Distortion"—a discouraging result of warpage due to the tardy release of internal strains within the denture material. The "X'd" means that you can cross it right off your worry list when the case is made of Densene 33!

Densene research has solved the problem of denture drop for you. Until tissue change becomes à factor, the initial accurate fit of a Densene 33 denture is the permanent fit—at the periphery, palatal and post dam areas.

Ask any Dentist using Densene 33. His experience can guide you. AND, as for appearance in the mouth—if it's Densene 33—you can be sure it's "Commendably Deceptive..."



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FOR SALE: Dental office and a well established and busy practice in eastern Pennsylvania town. Selling because of doctor's death. "76" Oral Hygiene, Pittsburgh, Pa.

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Established high class laboratory in Texas wants A-1 all-round technician from setup to crown and bridge work. Must have fine background take charge of branch laboratory on commission basis. High monthly salary guaranteed. Also wanted A-1 setup technician for main laboratory, Also wanted A-1 finisher and packer for branch laboratory. Write full information in first letter, giving age, salary expected and experience. "85" Oral Hygiene, Pittsburgh, Pa.

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Available in attractive glass jar J. A. SPRAGUE & CO., 325 19th Ave., Columbus 1, Ohio

The facts about Minimax Alloy

No. 27 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material.

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Minimax Alloy is

a good mixer

When you make a filling you can start with everything in your favor by using Minimax Alloy No. 178. Dentists everywhere tell us that this superior filling material is a good mixer...it combines smoothly with mercury...it amaigamates effectively...and works up nicely into a plastic mass ready for packing.

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In 5 oz. BOTTLES In 1 oz. BOTTLES

5 ozs...\$1.70 per oz. 10 ozs... 1.60 per oz. 20 ozs... 1.55 per oz. 10 ozs... 1.65 per oz.

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Complies with A.D.A. Specifications. No. 1 Filings suitable for alloy-mercury gauges.

For best results mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth... become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

Since patients are





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only human...

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to charts designed to explain dentistry to the patient

(Illustration approximately one-half actual size)

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- Diseases of Tooth and Trees
- The Collapsed Face
- Be Not the Last to Lay the Old
- The Foundation's the Thing
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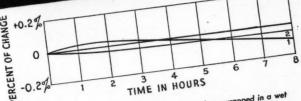
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 Your impression with Kerr Hydro-Colloid does not have to be rushed into your laboratory for immediate pouring.

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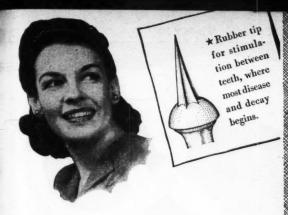
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KERR Hydro-Colloid

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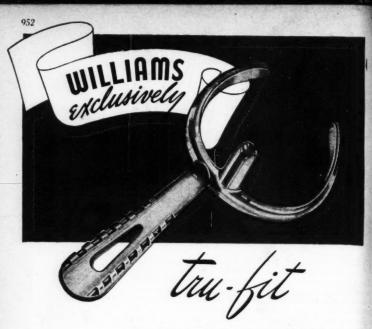
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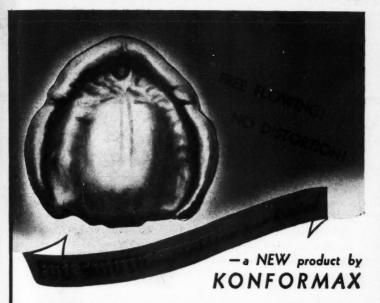


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Tubes contain measured amounts for one Full Mouth Impression. Chemically treated container mokes a perfect mixing cup.

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Send me a copy of your new folder, "Techniques for Full Lower and Upper Dentures."

NAME STREET...

CITY



The Publisher's Corner

By Mass

Number 300

VETERANS' CLEARINGHOUSE

THE CORNER has been glad to print during the past several months free want advertisements to aid veteran dentists returning to civilian practice. Many Dental Corps members seeking positions or locations, and also civilians having opportunities to offer them, have taken advantage of this service. In addition to ads appearing in the regular want-ad section, here are some others (refer to the key letter when writing to this department):

AQ-Young Navy officer recently discharged desires to buy good location or become associated with good practice in

Kansas City, Eastern Kansas, or Western Missouri.

AR—Venezuelan dentist now in U. S. has opening in his Caracas dental office for expert dental technician available in August. Must be experienced in gold, partial and full dentures, and porcelain crowns. References required. Salary \$240 monthly.

AS—A 36-year-old veteran dentist with three and a half years' Army service, would like to buy practice within 100 miles of New York City or become associated with older man, with possibility of becoming a partner or eventually taking over practice on his retirement. Practiced in New York for seven years before entering Army and was on staff of local dental school.

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multivitamin-mineral product best suited to the requirements of modern medical practice and to the patient's preference for a conveniently administered preparation. It provides 9 vitamins and 5 minerals in a pleasantly flavored tablet which is willingly taken by children and adults—a tablet so palatable that it may be chewed. Available in bottles of 30, 100, and 250. HOFFMANN-LA ROCHE, INC., Nutley 10, N. J.

VITAMINETS 'ROCHE'

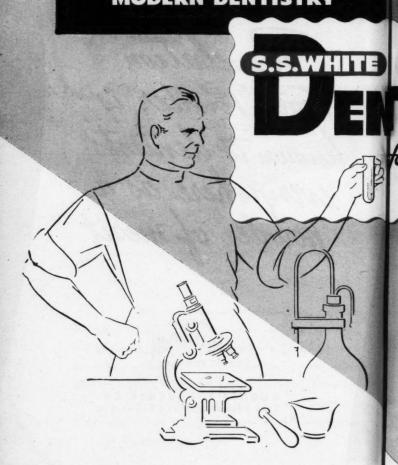
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REVELATION TOOTH

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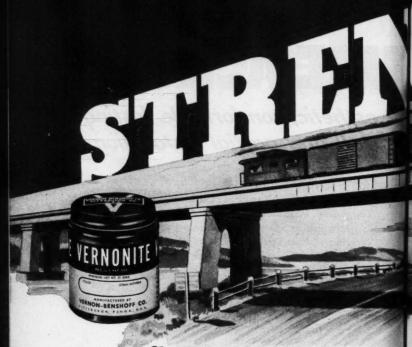
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Transverse strength is so important in a denture resin and so in dicative of the resin's sum of all strength properties, that it has be adopted as the sole measure of strength in A. D. A. Specification



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Supreme Supreme Anesthetic Anesthetic OINTMENT

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FOR ALL OTHER MINOR SKIN IRRITATIONS IN WHICH SEVERE ITCHING, BURNING AND PAIN ARE THE PREDOMINANT COMPLAINTS.

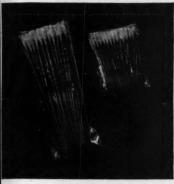
DERMA MEDICONE

exerts a soothing effect on the muco-cutaneous area of the ano-rectal tract—thus breaking the vicious circle of itchingscratching-infection. Within five minutes after application, the suffering patient is fully relieved of distress and discomfort.

MEDICONE COMPANY

. 225 Varick Street New York 14, N. Y.

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CHICAGO, ILL.
DENTAL DIVISION





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FLAVOR S IMPORTANT

Many patients prefer the mild peppermint flavor of FASTEETH—so mild that FAS-TEETH is often described as tasteless. Flavor is important and the oil of peppermint has an analgesic effect—helps to prevent gagging.

Pleasant tasting FASTEETH is different, and your denture patients will notice and appreciate that difference.

FASTEETH

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INLAY GOLD
FOR Every TYPE
OF INLAY



Complies with A.D. A. Specification No. 5 7400 O

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BRINELL HARDNESILE
ULTIMATE TENSILE
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25.5% 1645° F. to 1755° F. Annealed 33,000 Annealed 112

Annealed 52,000

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solvent for removing lime
scale and discoloration

SAN-A-SOL

San-A-Sol is a new, sanitary solvent for removing scale and discoloration from sterilizers, cuspidors, stainless steel instruments, sinks—for cleaning mixing slabs and for many other office uses.

It is NOT an ordinary solvent in any sense of the word. San-A-Sol is entirely different in chemical formula; it does a thorough job of cleaning without becoming scalding hot ... without any violent action.

San-A-Sol comes ready to use. It works quickly and completely. Bottled in convenient quart and gallon sizes. It is a practical, efficient, safe cleaner and is available NOW thru your dealer.

Only 95c per quart. \$2.95 per gallon Slightly higher distant places from Chicago



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"I'll Be Right Over!"

... 24 hours a day your doctor is "on duty" ... guarding health ... protecting and prolonging life ...

• Plays...novels...motion pictures... have been written about the "man in white." But in his daily routine he lives more drama, and displays more devotion to the oath he has taken, than the most imaginative mind could ever invent. And he asks no special credit. When there's a job to do, he does it. A few winks of sleep ... and he's back at that job again ...



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MORE DOCTORS SMOKE CAMELS than any other cigarette!

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cher otherapy

The success of local sulfonamide therapy depends upon the maintenance of an adequate antibacterial concentration of the site of infection.

White's SULFATHIAZOLE GUM *

chewed for one-half to one hour—promptly institutes a very high *local* concentration of active sulfathiazole (averaging 70 mg. per cent)—which is sustained in *prolonged* contact with all oral and pharyngeal areas—yet does *not* produce *blood levels* adequate to suggest likelihood of untoward systemic reactions, (elevation rarely reaches even 0.5 to 1 mg. per cent).

INDICATIONS: Sulfonamide-susceptible stomatitis and gingivitis, including acute Vincent's disease; preoperatively and postoperatively to prevent and treat dental sepsis; correction of fetor oris due to oral sepsis.

DOSAGE: One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the condition. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

Available in packages of 24 tablets, sanitaped, in slipsleeve prescription boxes.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.





The "STARLITE TAGSEAL" is your guarantee of satisfaction... for every STARLITE Diamond Instrument is unconditionally guaranteed against mechanical imperfection. If your dental supply dealer cannot supply you, write us for names of those near you who can.

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First in America... STARLITE Diamond Instruments have continuously set the standard and held the pace for instruments in their category.

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This new Kerr equipment aut matically heats fresh water fre room temperature to 132° in ! minutes. . . . Keeps its whole quarts of water at uniform ten perature within a half-degree. Heats to whatever point you its thermostat dial-from 100° 212° - AND STOPS THER ... Holds water at 132° for a hour by using current for only minutes. . . . Its efficiency pr vides fresh, clean water for ea patient without losing you moment's operating time. Tempers hydro-colloid or soft any compound to precisely ideal working condition. Ensures you the finest impress you have ever taken.

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Established 1891

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MORE AND MORE dentists throughout the country are using Astring-O-Sol at the chair . . . and recommending it to their patients.

Originated by a dentist, Astring-O-Sol is a highly concentrated, astringent mouth wash for cleansing and stimulating oral tissues. At full strength it is a germicide ... useful for minor surface cuts.

At the chair—and in the home—just a dash in a glass of water makes a truly effective mouth wash. The effectiveness, the refreshing flavor and the *unmatched economy* of Astring-O-Sol are genuinely appreciated both in the profession

and out. Samples are available to the profession upon request.

ASTRING-0-SOL

Frederick Stearns & Company, Division Detroit, Michigan



HIGHLY PRACTICAL

for professional office use...

CHLOROPHENYL

a powerful disinfectant for instruments having none of the objectionable characteristics commonly associated with chemical disinfecting mediums.

> Per Gallon . \$6.50 Per Quart . . \$2.25

Free from phenol and mercurial derivatives, this chlorinated phenyl compound is unusually non-selective in its rapid destruction of commonly encountered vegetative bacteria. It will disinfect blades contaminated with Staph. aureus within one minute if blades are properly cleansed free of blood.

Chlorophenyl is non-injurious to keen cutting edges and delicate metallic instruments. Possessing a pleasant aromatic fragrance, it is also non-injurious to the hands and will not result in irritation of the eyes, nose and throat...an ideal instrument disinfecting medium for office use.

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Danbury, Connecticut

A BARD-PARKER PRODUCT



Among men who guard the nation's health, none is in better position to spot vitamin deficiencies than the Dentist, Ten, twelve, fifteen-whatever the number of patients a Dentist sees each day is the number of opportunities he has to read the signals ... for truly, the mouth is the "radar" of the body.

Swollen, spongy, bleeding gums -to the alert Dentist they flash "Danger"-most likely indicate a vitamin C deficiency that may lead to much more serious ills.1 deficiency that even a thorough medical examination might fail to detect.

SODASCORBATE, the only sodium ascorbate in dry, neutral form, is ideal for the Dentist who wishes to pre-

The average dose for adults is one tab-let t.i.d.; or as indicated by the condi-tion. For children under 12, one-half tablet t.i.d. May be dissolved in milk for babies and young children.

Supplied in bottles of 40 and 100 tab-lets, also "hospital-size" bottle of 500 tablets. For samples and literature, sign and mail the coupon.

Roth. H. J.A.D.A.-32;60, 1945

scribe vitamin C for long-continued use. Each tablet (120 mg.) provides 100 mg. of vitamin C activity. The sodium salt of ascorbic acid helps to obviate gastric upsets, laxative action and acid-shifts that so often follow the use of straight ascorbic acid.

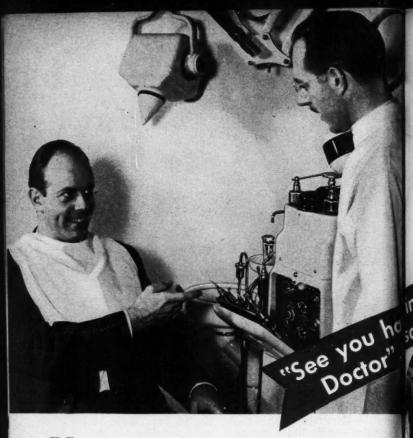
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500 North Dearborn, Chicago 10, III. Please send samples of SODASCORBATE and monograph, "Uses of Vitamin C in Dentistry."

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YES, the new, improved Weber Majestic Unit is designed to give you the same "centralized" operating control that today's modern aircraft provides. All air and low voltage instruments are compactly and conveniently grouped within easy reach . . . always ready for instant use, thanks to the exclusive Weber "in-a-door" principle of housing these operating essentials.

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Yes, that famous line

can well be altered to remind you to see your dealer, because now he can demonstrate the many advantages of the Pelton Model FL Autoclave. Built originally at the insistence of the profession itself, it is your guarantee to the patient that your office is equipped to destroy the most resistant spore-bearing bacteria.

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FL Autoclave Only: Eastern, \$172; Western, \$176.50

Complete unit, 14" instrument sterilizer, autoclave mounted on cabinet, as shown:

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